

SECURITY FEDERAL MASTERCARD DEBIT CARD APPLICATION

PRIMARY ACCOUNT NUMBER \_\_\_\_\_

(This is the only account number that you may access at a non-bank machine)

SECONDARY ACCOUNT NUMBER \_\_\_\_\_

(This would be accounts that you would like to access at an ATM)

APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ HOME PH # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CELL PH # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

I HEREBY MAKE APPLICATION FOR A SECURITY FEDERAL MASTERCARD DEBIT CARD TO ACCESS THE ACCOUNT(S) INDICATED. I HAVE BEEN FURNISHED A COPY OF THE SECURITY FEDERAL ELECTRONIC FUNDS TRANSFER AGREEMENT AND DISCLOSURE WHICH DETAILS MY LIABILITY AND RESPONSIBILITY IN THE USE OF THIS CARD AND FOR REPORTING THE LOSS OR THEFT OF THIS CARD. I CERTIFY THAT I AM EITHER A SOLE OWNER OR A JOINT OWNER ON THE ACCOUNT LISTED ABOVE. THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS GOVERNING THE SERVICES, INCLUDING ANY FEES AND CHARGES NOW IMPOSED OR THAT MAY BE IMPOSED IN THE FUTURE. THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION PROVIDED IS ACCURATE AND AUTHORIZES SECURITY FEDERAL TO VERIFY CREDIT AND EMPLOYEMENT BY ANY MEANS NECESSARY, INCLUDING THE OBTAINING OF A CREDIT REPORT FROM A CREDIT REPORTING AGENCY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

INTERNAL USE ONLY

ORDERED \_\_\_\_\_

TAKEN BY \_\_\_\_\_

CIF \_\_\_\_\_