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# MASTERMONEY & ATM CARD APPLICATION

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## **INDIANHEAD CREDIT UNION**

**[www.indianheadcu.org](http://www.indianheadcu.org)**

### SPOONER OFFICE

104 E Maple Street / PO Box 100  
Spooner, WI 54801  
Phone (715) 635-8273 or (800) 645-9391  
Fax (715) 635-6913

### GRANTSBURG OFFICE

138 West Madison Avenue / PO Box 423  
Grantsburg, WI 54840  
Phone (715) 463-5515 or (866) 836-4533  
Fax (715) 463-5141

### HAL

Phone (715) 635-7806 or (888) 267-8119

# MASTER MONEY CARD

With your check card, you can purchase just about anything, just about anywhere. No more worrying about “out of town checks”. The word CONVENIENT may come to mind. Use this card at any store, gas station or anywhere that MASTERCARD is accepted. It works just like a credit card. When you use it, the money is withdrawn from your checking account. No high credit card interest to pay or no monthly payment to send out. It can also be used at Automated Teller Machines (ATM) with the “Pulse” or “CIRRUS” logo to get a cash advance, do transfers, and even inquire about your balances.

# TAKE TIME OUT FOR AN ICU ATM CARD

This card allows you the same ATM transactions as the check card without the MASTERCARD use advantage. This card can be used with either your ICU checking or savings.

## FEES – ICU MASTERMONEY CARD

\$1.00 monthly fee (waived if you have direct deposit)

\$1.00 per PIN based transaction after the 12<sup>th</sup> one (12 free per statement period)

## FEES – ICU ATM CARD

\$1.00 per PIN based transaction after the 12<sup>th</sup> one (12 free per statement period)

## HOW TO APPLY FOR ONE OF THESE CARDS

Simply fill out the requested information, list the account number that you wish to have associated with your card, tell us the type of card you are applying for, and return the form back to: INDIANHEAD CREDIT UNION, PO Box 100, Spooner, WI 54801. If you have any questions regarding the MasterMoney card or the ATM card please feel free to contact us at (715) 635-8273 or (800) 645-9391.

TYPE OF CARD REQUESTED

\_\_\_\_MASTERMONEY CARD

\_\_\_\_ATM CARD

ACCOUNT # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

WORK TELEPHONE NUMBER

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

MOTHER'S MAIDEN NAME

\_\_\_\_\_

JOINT NAME \_\_\_\_\_

JOINT NAME TELEPHONE #

\_\_\_\_\_

JOINT NAME SOCIAL SECURITY #

\_\_\_\_\_

JOINT NAME MOTHER'S MAIDEN  
NAME

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Signature

Date

\_\_\_\_\_