CUMONEY® Visa® Everyday Spend Card

Fill out the information below to receive your CUMONEY reloadable debit card.

Account Number	Email Address	······································
First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	
Mother's Maiden Name	-	
Address		
City	State Zip C	Code
[] Home or [] Mobile P	hone Work Phone	
and disclosure which will l	oe furnished to me. I a ion to obtain credit re	CUMONEY prepaid debit card agreement agree to surrender the card upon demand ports in connection with this application
Signature		Date
	E MO	NEY®

To receive your card faster, print and complete this form, then scan and email it to memberservice@maconbibbecu.org. You may also fax it to 478-910-2333 or turn it in at the branch. You will receive the card in 5 to 10 business days. Your card will not have funds available until you call 478-219-1163 or 478-219-1162 and request a funds transfer from your savings account to your new card.