

City of Boston Credit Union

ATM Card Request Application



Please print this form and provide all of the requested information. Mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168.

MEMBER INFORMATION (Please Print)

Member Number _____ S.S.#: _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail Address _____

Yes, I would like an ATM Card to access my:

- A. Main Share Savings Account **and**
(choose one or both if desired) Now Share Draft Checking and/or Money Market Account*
- B. If you chose both (all three accounts), please choose one combination below for "other" ATMs*.
- B.1 Main Share Savings Account and Now Share Draft Checking
- B.2 Main Share Savings Account and Money Market Account

* City of Boston Credit Union ATMs allow three account choices to withdraw from. "Other" ATMs only allow two account choices. If you choose to withdraw from your money market account at ATMs other than ours, choose B.2 and be aware that you'll need to select checking at other ATMs but you will be withdrawing from your money market account.

ADDITIONAL ATM CARD REQUEST (Joint owner must be joint on accounts for ATM access):

Joint Owner: First: _____ Last: _____ SS#: _____

AUTHORIZATION/SIGNATURES I request an ATM Card and a randomly selected personal identification number (PIN). I understand that use of the ATM Card is subject to the terms of my Credit Union "Understanding Your Account" Terms and Conditions brochure which will be provided with the ATM card. I agree to and will read and familiarize myself with the terms of the Electronic Fund Transfers Agreement and all other requirements in that brochure. I understand that by using the card or permitting others to use it, I will consent to the terms. This form must be signed before submitting it.

Member Signature _____

Date _____

Joint Owner Signature _____

Date _____