

City of Boston Credit Union

Debit 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. **Please note you must have a City of Boston Credit Union Checking Account to apply for a Debit Card.**

MEMBER INFORMATION (Please Print)

Member Number _____ S.S.#: _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail Address _____

ADDITIONAL DEBIT CARD REQUEST

Additional Card for joint owner. Joint owner must be joint on checking account for Debit Card access)

First Name _____ Last Name _____ S.S. #: _____

AUTHORIZATION/SIGNATURES

I request a City of Boston Credit Union Debit Card and a randomly selected personal identification number (PIN). I understand that use of the Debit Card is subject to the terms in the Debit Card brochure which will be provided with the card. I agree to read and familiarize myself with the terms and all other requirements in that brochure and the Electronic Fund Transfers: Rights & Responsibilities disclosure before signing. 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's Signature

Date