



HOUSATONIC TEACHERS FEDERAL CREDIT UNION

2900 Main Street Stratford, CT 06614 Tel. 203 378-7503 Fax 203 378-9096

www.housatonicfcu.com

Select One

ATM/DEBIT CARD APPLICATION (must have checking account)

ATM CARD APPLICATION

**Please complete all information.
Sign application.**

**Use capital letters and print clearly.
Return to address below.**

Credit Union Account # _____

Member Name _____

Address _____

City/State/Zip _____

Mother's Maiden Name _____

NOTE: IF YOU WANT THE JOINT OWNER ON THIS ACCOUNT TO HAVE HIS OWN CARD PLEASE HAVE HIM FILL IN THE INFORMATION BELOW AND SIGN.

Joint owners only of the Credit Union Account Number listed above are eligible for the ATM Card or ATM/Debit Card that accesses the Credit Union Account Number listed above.

Applicants requesting cards for two different accounts must complete separate applications.

Joint Owner Name _____

Address _____

City/State/Zip _____

Mother's Maiden Name _____

I/We understand that only authorized owners of the Credit Union Account Number listed above may use the ATM or ATM/Debit Card and by signing below or using the card signifies agreement to the terms and conditions set forth in the disclosure and agreement. I/We understand that the dollar purchases made with the ATM/Debit Card will be deducted from my/our credit union share draft (checking) account. I/We authorize Housatonic Teachers Federal Credit Union to verify the information provided above and to request a credit report, if necessary. The Card is available to qualified members only. I/We understand other requirements may apply.

Member Signature **X** _____ Date _____

Member Signature **X** _____ Date _____

Return completed and signed form to:

Housatonic Teachers Federal Credit Union

P. O. Box 572

Stratford, CT 06615-0572