

# Debit MasterCard<sup>®</sup> and ATM Card Order Form



*NOTE: You must have an active checking account with MITFCU to fill out this form*

Card Type	I have an active checking account with MITFCU Debit MasterCard _____ ATM card _____
Purpose	I am ordering my first Debit MasterCard or ATM card I am reordering Reason for reorder My card was stolen _____ My card is damaged _____ My name has changed _____ Other _____ I am upgrading from an ATM card to a Debit MasterCard _____
Quantity	Order a Card Only for the Primary member listed below Order a Card Only for the Joint Owner listed below Order Cards for Both the Primary Member and Joint Owner

*Note: In the event you provide us with a different home address than the one we have on file for you, the new address will be applied to all your existing accounts with MIT Federal Credit Union. Also, if you are upgrading from an ATM card to a Debit MasterCard, we will close your old ATM card.*

## Primary Member Information

## Joint Owner's Information

Full Name _____	Full Name _____
Member Number _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Date of Birth _____	Primary Phone _____
Primary Phone _____	Email _____
Email _____	Home Address _____
Home Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Employer _____
Employer _____	

*By signing below, I am applying for an MIT Federal Credit Union Debit MasterCard or ATM card. I understand that in order to apply for a Debit MasterCard, I must already have a checking account with MIT Federal Credit Union. I understand the Debit MasterCard or ATM card I am applying for is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my MIT Federal Credit Union checking account. I authorize MIT Federal Credit Union to verify the information provided above and to request a credit report if necessary. The MIT Federal Credit Union Debit MasterCard is available for qualified members only. Other requirements may apply. If I am not approved for an MIT Federal Credit Union Debit MasterCard, I may be issued an ATM card instead (if I do not already have one). I agree to be bound by the terms and conditions of the Debit MasterCard as set by MIT Federal Credit Union.*

Primary Member's Signature _____	Date _____
Joint Owner's Signature _____	Date _____

**Return this application along with a copy of a valid government issued photo ID. Please submit via mail, fax, or at an MITFCU branch.  
700 Technology Square Building NE48 Cambridge, MA 02139-3586 T: 617-253-2845 F: 617-258-5709**