



70 Westview Street
 Lexington, MA 02421
 617-253-2845
 www.mitfcu.org

ATM/DEBIT MASTERCARD® ORDER REQUEST

I have an active MIT FCU checking account.

Card Type: Debit Mastercard® ATM Card

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 the 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 existing ATM card.

Primary Member Information

Joint Owner Information

Name: _____

Name: _____

Member Number: _____

Member Number: _____

Social Security Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ **Zip Code:** _____

State: _____ **Zip Code:** _____

Primary Phone: _____

Primary Phone: _____

Email Address: _____

Email Address: _____

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

Please return this request with copies of valid government issued photo IDs for each account owner.