

Metropolitan District Employees' Credit Union

250 Murphy Road, P.O. Box 1348

Hartford, CT 06143

860.560.9036, ext 100

ATM MasterCard/CHECK CARD APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Account Number _____ Date of Birth _____

Social Security # _____ Mother's Maiden Name _____

Email Address _____

JOINT APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security # _____

I/We have read the Electronic Funds Transfer Agreement and Disclosure and agree to be bound by all the terms and conditions specified therein. I/We authorize Metropolitan District Employees' Credit Union, Inc. to obtain consumer credit reports on me/us as part of the review of this application, as well as for future reviews, extensions, or renewals of my/our account. This application shall remain the property of the Metropolitan District Employees' Credit Union, Inc.

Signature _____ Date _____

Signature _____ Date _____

For Credit Union Use Only

Date Entered _____ Approved By _____