



## HOUSATONIC TEACHERS FEDERAL CREDIT UNION

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

[www.htfcuonline.com](http://www.htfcuonline.com)

**Select One**

**ATM/DEBIT CARD APPLICATION (must have checking account)**

**ATM CARD APPLICATION**

**Please complete all information. Use capital letters and print clearly.**  
**Sign application. 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