



ATM & Check Card Application*

Member Number: _____

Primary Member Name: _____

Joint Name (if applicable): _____

Address: _____

City, State, ZIP: _____

Telephone Number: _____

By signing, using or permitting another to use my/our ATM & Check Card, I/we agree to be bound to the terms and conditions of the Electronic Funds Transfer and Cardholder Agreement and all amendments.

** Please be advised that if your address was changed within the past 30 days, additional verification of this request must be performed.

Member Signature: _____ Date: _____

Joint Applicant: _____ Date: _____

Cards to be ordered will be for: Member Joint Applicant

Your card(s) will be ordered with a random PIN (personal identification number). You will receive a PIN mailer with instructions on how to select a new PIN. A few days after, you will receive your new card.

* Please note that a Hanscom FCU checking account is required for an ATM & Check Card. If you do not have one, you may open a free checking account at www.hfcu.org or by calling 800-656-4328 or visiting a branch.

For Office Use Only

Staff member processing form: _____

Add Chg within past 30 D Yes No Verified _____