I/We Hereby Apply for a Stoneham Municipal Employees Federal Credit Union
VISA CHECK CARD with 24 Hour ATM Access

APPLICANT		DATE OF BIRTH
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ( )	WORK PHONE EXT. ( )	
EMPLOYER		
ADDRESS		
CITY	STATE	ZIP

CO-APPLICANT		DATE OF BIRTH
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ( )	WORK PHONE EXT. ( )	
EMPLOYER		
ADDRESS		
CITY	STATE	ZIP

I/We Request My Card Be Limited To The Following Accounts:

Checking Account No. _____ Savings Account No. _____

I/We understand that the VISA CHECK CARD is not a credit card and that the dollar amount of purchases made with this card will be deducted from my Checking Account only.

I/We authorize the Credit Union to verify information provided above and to request a credit report if necessary. If I/We are not approved for a VISA CHECK CARD, I/We may still be issued a credit Union ATM card if I do not already have one. By signing below I/We acknowledge receipt and agreement to the terms and conditions of the VISA CHECK CARD/ATM Disclosures and CARDHOLDER AGREEMENT provided with this application.

Member/Applicant Date Co-Applicant Date

LIMIT: Maximum Other_____ Received_____ Processed By _____

◆ PASSWORD SELECTION FORM ◆

Your PIN Number is a numeric alpha identification known only to you. When you insert your card in an ATM you will be asked to enter your PIN. You will not be able to complete your transaction without this number. For your safety, no one will be able to use your card unless they know your PIN. Once entered into our system your PIN number is transformed and unavailable to anyone. If you forget it, think your PIN number has been stolen or would like to change it, you must contact the Credit Union at once. Call us at (781) 438-3959.

STONEHAM MUNICIPAL EMPLOYEES FCU

MEMBER No. 1 (Sign Above) First Signer

PLEASE PRINT NAME

MEMBER No. 2 (Sign Above) Second Signer

PLEASE PRINT NAME

INDICATE BELOW THE REASON FOR SELECTION (check one)

○ NEW CARD ○ REISSUE APPROVED BY_____

ACCT NO.										○A ○D

/			

BEGIN IN THE FIRST BOX.
YOUR PASSWORD MUST BE EITHER 4 LETTERS (EXCLUDE Q AND Z) OR 4 NUMBERS

DO NOT COMBINE LETTERS AND NUMBERS