



105 Sanford Street • Hamden, CT 06514 • (203) 288-1695 • FAX (203) 230-9435
200 Orange Street • New Haven, CT 06510 • (203) 946-8700 • FAX (203) 946-8702

ATM CARD APPLICATION

Personal Information

Please complete all information. Use capital letters and print clearly. Only one (1) card per signer.

Cardholder 1 Name: _____
First Last MI (optional)

Cardholder 2 Name: _____
First Last MI (optional)

Mailing Address: _____

Credit Union Use Only	_____	_____	_____
	City	State	ZIP
Order Date:	_____		

Member Number: _____ Number of Cards: _____

Signatures:

Authorized Signer/Cardholder 1: _____

Authorized Signer 2: _____

INFORMATION ABOUT YOUR CHECK CARD

1. Your check card will be received in five to ten business days.
2. A separate PIN mailer will be sent and should arrive two to three business days after your card.
3. The system will assign your initial PIN number. You will receive instructions on how to change your PIN when it arrives.