



www.alphacu.com

ATM / DEBIT CARD APPLICATION

Main Office

Tufts Medical Center Office

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Boston, MA 02111
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Account Number _____

SSN _____

MEMBER NAME:

Last _____

First _____ MI _____

TELEPHONE:

Home _____

Cell _____

ADDRESS:

Street _____

Apt/Suite _____ City _____

State _____ Zip _____

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. In accordance with Section 326 of the USA Patriot Act, you authorize us to verify and record information that identifies each person who opens an account. You further authorize us to check your account, credit, and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for any account or services you request. By signing below I/We acknowledge receipt and agreement to the terms and conditions of the Check Card/ATM Disclosures and CARDHOLDER AGREEMENT provided with approval of this application. Sec. 1014, Title 13, U.S. Code, makes it a Federal Crime to knowingly make a false statement on this application.

X
Applicant Signature _____ Date _____

For Credit Union Use Only	
Card #	<input type="checkbox"/> ATM
	<input type="checkbox"/> DEBIT
Date Ordered:	