



25 Porter Road, Suite 100  
Littleton, MA 01460  
www.hfcu.org | 800.656.4328

## DEBIT CARD APPLICATION

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Account Mailing Address:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### New Card ordered for:

Hanscom Federal Credit Union Suffix Number: \_\_\_\_\_

Primary Member

Joint Application

Name (if applicable): \_\_\_\_\_

Please include any special mailing instructions here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your card(s) will be ordered with a random personal identification number (PIN). You will receive instructions to select a new PIN in the mail, and your card will arrive within a few days after your PIN.

**By signing, using, or permitting another to use my/our Debit Card, I/we agree to be bound to the terms and conditions of the Electronic Funds Transfer and Cardholder Agreement and all amendments. I understand that if my address has changed within the past 30 days, additional verification of this request must be performed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please bring this completed form to a [local branch](#); or

**Mail to** Hanscom Federal Credit Union  
Card Services Department  
25 Porter Road, Suite 100  
Littleton, MA 01460-1434; or

**Fax to** Card Services at 978.952.8533

### Completed by Member Service Representative

Card Order Details  Instant Issue

Date \_\_\_\_\_ Teller/Operator # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Has there been an address change within 30 days?  Yes  No

Verified by \_\_\_\_\_ (Initials)