

Wrentham Co-operative Bank Card Application

Please complete the application below to apply for a Card. For Joint Accounts, all parties must sign the application.

Name 1: _____ Request Card ? Yes No
Address: _____ City _____ State _____ ZIP _____
Daytime Phone: () _____ Evening Phone: () _____ Cell Phone: () _____
Email Address: _____ SSN: _____
Mother's Maiden Name _____ DOB: _____

Name 2: _____ Request Card ? Yes No
Address: _____ City _____ State _____ ZIP _____
Daytime Phone: () _____ Evening Phone: () _____ Cell Phone: () _____
Email Address: _____ SSN: _____
Mother's Maiden Name _____ DOB: _____

Checking Account(s) to access:

Acct #1 _____ Nickname: _____ Acct #2 _____ Nickname: _____
Acct #3 _____ Nickname: _____ Acct #4 _____ Nickname: _____

The account listed as Acct #1 will be the Primary Account on the card. Purchase transactions using your card will be deducted from the Primary Account.

Savings Account(s) to access: *(includes Money Market Accounts)*

Acct #1 _____ Nickname: _____ Acct #2 _____ Nickname: _____
Acct #3 _____ Nickname: _____ Acct #4 _____ Nickname: _____

In order to receive a Debit MasterCard, you must have a Wrentham Co-operative Bank checking account. Customers who have savings accounts *only*, including Money Market accounts, will be issued a 24-Hour ATM card.

Authorizations: By signing below, I/we are applying for a Wrentham Co-operative Bank Debit MasterCard or a 24-Hour ATM Card. I/we understand that this is not a credit card and the dollar amount of the purchases made with this card will be deducted from my/our Wrentham Co-operative Bank primary Checking/NOW account only. I/we authorize Wrentham Co-operative Bank to verify the information provided above and to request a consumer credit report from any consumer credit reporting agency. The Wrentham Co-operative Bank Debit MasterCard is available for qualified customers only. Other requirements apply. If I/we are not approved for a Wrentham Co-operative Bank Debit MasterCard, I/we may be issued a Wrentham Co-operative Bank 24-Hour ATM Card if I/we do not already have one. I/we agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature: _____ Date _____

Signature: _____ Date _____

**RETURN YOUR COMPLETED APPLICATION TO: CUSTOMER SERVICE DEPARTMENT,
WRENTHAM CO-OPERATIVE BANK, P.O. BOX 250, WRENTHAM, MA 02093-0250**

Once your application is approved and processed, you will receive your card(s) by mail within approximately 10 days. You will receive a separate mailing containing your Personal Identification Number (PIN). You may change your assigned PIN by following the instructions in the mailing.

FOR BANK USE ONLY: Card # _____			
Date Approved _____	By _____		
Date Ordered _____	By _____	Verified By _____	

