

Our Mission Statement:

To protect,
preserve and
safeguard
the
assets of its members;
to offer quality
financial services
at equitable rates
for the benefit of members; and to
promote the
Credit Union philosophy of
members helping members.

Welcome!



ATM Debit Card
Application for



Metropolitan District
Employees'
Credit Union.

250 Murphy Road, P.O. Box 1348
Hartford, CT 06143
860.560.9036, ext 100
www.mdccu.org



ATM VISA/CHECK CARD APPLICATION

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Account Number _____ Date of Birth _____
Social Security # _____ Mother's Maiden Name _____
Email Address _____

JOINT APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Date of Birth _____ Social Security # _____

I/We have read the Electronic Funds Transfer Agreement and Disclosure and agree to be bound by all the terms and conditions specified therein. I/We authorize Metropolitan District Employees' Credit Union, Inc. to obtain consumer credit reports on me/us as part of the review of this application, as well as for future reviews, extensions, or renewals of my/our account. This application shall remain the property of the Metropolitan District Employees' Credit Union, Inc.

Signature _____ Date _____
Signature _____ Date _____

Personal Identification Number (PIN)
To select your PIN, enter four numbers below and memorize it. If you forget your PIN contact the Credit Union.

For Credit Union Use Only

Date Entered _____ Approved By _____