

*Worcester Police Department  
Federal Credit Union*

***ATM/Debit Card Application***

**\* Mail, Fax to 508-799-7517,  
or Drop Off Application \***



**Applicant:**

Account Number(s): \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Co-Applicant:**

Name: \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Signatures:** By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fee and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means now and in the future as long as the individual is a member and/or has any outstanding obligations with the Credit Union, including preparation of a credit report by a credit reporting agency. A VISA ATM / Debit Card is a privilege, the undersigned acknowledges the Credit Union has the right to turn off their VISA ATM / Debit Card at any time. The undersigned also grants permission for Credit Union to transfer funds in the event the he/she overdraws his/ her account.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Date Received: \_\_\_\_\_  
Regulation E (Y/N): \_\_\_\_\_  
Menu 790 (Y/N): \_\_\_\_\_  
Approved (Y/N): \_\_\_\_\_  
Processed By: \_\_\_\_\_

**Worcester Police Department  
Federal Credit Union  
805 West Boylston Street  
Worcester, MA 01606  
Telephone: 508-799-7677  
Fax: 508-799-7517  
Monday - Friday  
8AM - 4PM**

