

MasterMoney Card Application

This application can be used for The Pittsfield Cooperative Bank MasterMoney Card. IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO EITHER SIGNER OF A JOINT ACCOUNT, EACH OWNER MUST FILL OUT A SEPARATE APPLICATION.

Please print clearly.

Cardholder _____ Soc. Sec. # _____ D.O.B. _____
Address _____
City _____ State _____ Zip _____
Telephone (Day) _____ (Evening) _____

I wish to access this account for *MasterMoney* Card and ATM use:

Checking Account # _____

For ATM use only, I wish to also access this account:

Savings Account # _____

Authorization: By signing below, I am applying for The Pittsfield Cooperative Bank MasterMoney Card. I understand that this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Pittsfield Cooperative Bank checking account only. I authorize The Pittsfield Cooperative Bank to verify the information provided above and to request a credit report if necessary. The Pittsfield Cooperative Bank MasterMoney Card is available for qualified customers only. Other requirements apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature _____ Date _____

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