



Debit Mastercard®/ATM Card Application and Limit & Account Access Authorization

I am applying for or making changes to the following card: (Note: A separate application is needed for each applicant.)		<input type="checkbox"/> Debit Mastercard <input type="checkbox"/> ATM Card		Card No.:
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Reissue <input type="checkbox"/> Change		<input type="checkbox"/> Waive fee
Customer Information				
Customer Name	Business Name	Social Security No.	Date of Birth	
Address		City, State, Zip	E-mail Address	
Home Phone	Cell Phone	Keyword		
Account Information				
Checking Acct. #1 No.:		Savings Acct. #1 No.:		
Checking Acct. #2 No.:		Savings Acct. #2 No.:		
Checking Acct. #3 No.:		Savings Acct. #3 No.:		
Requested Limits				
ATM Cash Withdrawal \$		<input type="checkbox"/> Permanent effective (date)		
Debit PIN-based POS \$		<input type="checkbox"/> Temporary from (dates) to		
Debit Signature-based POS \$		<input type="checkbox"/> One-time (merchant name)		
Account Owner's Authorization				
<p>I understand that the use of the Millbury Saving Bank Debit Mastercard or ATM Card is governed by the terms and conditions set forth in the Cardholder Agreement. The closing of the account(s) that relate(s) to the card will automatically terminate the use of the card and the card must be surrendered to the bank at the time the account(s) is/are closed. The bank is not responsible for the failure or malfunction of any machinery connected with the card or its use. The bank has the right to restrict the card at any time due to misuse by the cardholder. You may retain this application whether or not it is approved. You are authorized to check my credit history and provide information to others about your experience with me. The bank has the right to withdraw funds from any account standing in the name of the cardholder to satisfy any transaction arising from the use of the card. The bank may close the card without additional notification if I do not transact with it during any consecutive 12-month period.</p> <p>If applicable, I hereby request an adjustment to my Millbury Saving Bank Debit Mastercard or ATM Card daily withdrawal limit and/or access to the above-named accounts using my Debit Mastercard or ATM Card.</p> <p><i>Millbury Savings participates in Mastercard's Automatic Billing Updater (ABU). With ABU, when your card information changes for any reason—e.g., replaced due to a lost or stolen card or expiration date is updated—ABU lets participating merchants receive your updated card information automatically with no interruption in service. Only participating merchants with whom you have set up recurring payments, or merchants you have allowed to keep your card information on file for future payments, will have access to this service.</i></p> <p><input type="checkbox"/> I wish to opt out of Mastercard Automatic Billing Updater. I agree that I will be responsible for providing updated card information to merchants with whom I set up recurring payments with my card, and that I could incur additional fees from merchants if I do not provide updated card information in a timely manner.</p> <p>Account owner applying for card must sign, indicating agreement with these terms. If mailing or faxing, please include a copy of your driver's license.</p>				
Account owner's signature _____		Date _____		
BANK USE ONLY				
Date Ordered/Processed: _____		By: _____	Date Closed: _____	By: _____
Closed Card No.:	Closed Card Expiration Date:	Reason		
<input type="checkbox"/> Customer authenticated <input type="checkbox"/> Accepted OR <input type="checkbox"/> Received by mail <input type="checkbox"/> EFT provided	By _____ Date: _____			
<input type="checkbox"/> Verified	By _____ Date: _____			