Pitney Bowes Employees Federal Credit Union Debit MasterCard Application

This Application can be used for a Pitney Bowes Employees Federal Credit Union Debit MasterCard.

Cardholder Name:		Date	Date of Birth:	
Account Number:	Soc.	Sec. Number:	Number:	
Address:				
City:		State:	Zip:	
Telephone (Home):	le): Te		elephone (Work):	
Cell Phone:	Email:			

Authorizations: By signing below, I am applying for a Pitney Bowes Employees Federal Credit Union Debit MasterCard. I understand that the dollar amount of purchases made with my Debit MasterCard will be deducted from my Pitney Bowes Employees Federal Credit Union checking account only. I authorize you to verify the information provided above and request a credit report if necessary. I agree to be bound by the terms and conditions covered in the Electronic Funds Transfer Agreement and the Debit Card Agreement.

It is illegal to use this Debit MasterCard for the purposes of internet gambling.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY:	
Card #	
Date Approved	_Ву
Date Ordered	Ву