

I/We hereby apply for a **NORTH SHORE MANUFACTURERS F.C.U.**
24 HOUR ATM CARD

APPLICANT	DATE OF BIRTH	CO-APPLICANT	DATE OF BIRTH
ACCOUNT #	SS#	ACCOUNT #	SS#
ADDRESS	ZIP	ADDRESS	ZIP
CITY	STATE	CITY	STATE
HOME PHONE ()		HOME PHONE ()	
WORK PHONE ()	EXT	WORK PHONE ()	EXT
EMPLOYER		EMPLOYER	
ADDRESS	ZIP	ADDRESS	ZIP
CITY	STATE	CITY	STATE

Your ATM Access will be Limited To The Following Account:

Savings Account No. _____

**I/We understand that the NORTHSHORE MANUFACTURER'S ATM CARD is not a credit card
And that the dollar amount of purchases made with this card will be deducted from my Savings Account only.**
I/We authorize the Credit Union to verify information provided above and to request a credit report if necessary. By signing below I/We acknowledge receipt and agreement to the terms and conditions of the Electronic Funds Disclosures and CARDHOLDER AGREEMENT provided with approval of this application.

Member/Applicant _____ Date _____ Co-Applicant _____ Date _____

“ PASSWORD SELECTION FORM ”

Your PIN Number is a numeric identification known only to you. When you insert your card in an ATM you will be asked to enter your PIN. You will not be able to complete your transaction without this number. For your safety, no one will be able to use your card unless they know your PIN. Once entered into our system, your PIN number is transformed and unavailable to anyone. If you forget it, think your PIN number has been stolen or would like to change it, you must contact the Credit Union at once.
Call us at (978) 922-8311.

NORTHSHORE MANUFACTURER'S F.C.U.				
MEMBER NO. 1 SIGN ABOVE				
MEMBER NO. 2 SIGN ABOVE				

**-BEGIN IN THE FIRST BOX.
-YOUR PASSWORD MUST BE EITHER 4 LETTERS
(EXCLUDE Q AND Z) OR 4 NUMBERS.**

DO NOT COMBINE LETTERS AND NUMBERS.