



Application for MasterMoney Debit Card

Please complete the following application, print, sign and mail to us at:

Customer Service
Marlborough Savings Bank
166 Main Street
Marlborough, MA 01752

If you have any questions, please call us at 508-481-8300 between 8:00 a.m. and 5:00 p.m. Monday through Friday and 9:00 to noon on Saturdays. Thank you for choosing Marlborough Savings Bank. We look forward to serving all of your financial needs.

Indicate your preference:

Please note: An ATM only card will be issued to you if you do not qualify for a Debit Card.

APPLICANT
CO/APPLICANT

Form fields for Applicant and Co-Applicant including First Name, MI, Last Name, Street Address, City, State, Zip, Phone Number, Birthdate, Soc. Sec. Number, E-mail Address, Employer, and Employer Phone Number.

Please indicate what account(s) you wish to have accessible via your Debit Card.

Form fields for account selection: Checking Account #, Money Market Account #, Advantage Savings Account #, OR

Signatures: Massachusetts law requires all signers on the account to sign below to authorize applicant to receive a card. By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees 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, including preparation of a credit report by a credit reporting agency.

Applicant Signature Date Applicant Signature Date