



**Application for MasterMoney  
Debit Card and/or ATM 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.

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

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Indicate your preference						
First Name	MI	Last Name				
Street Address	City		State	Zip		
Phone Number	Birthdate	Soc. Sec. Number	E-mail Address			
Employer	Employer Phone Number					
First Name	MI	Last Name				
Street Address	City		State	Zip		
Phone Number	Birthdate	Soc. Sec. Number	E-mail Address			
Employer	Employer Phone Number					

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

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