

Complete this form to request a Harvard Federal Credit Union Debit MasterCard® for your Harvard University organization. Once complete, use one of these options to deliver this form to the Credit Union.

- Upload to Harvard FCU using the **Document Uploader** at [harvardfcu.org/upload](http://harvardfcu.org/upload). **(Preferred!)**
- Visit any Harvard FCU Branch

**PLEASE NOTE:** This card will be for use by the named authorized officer of the Harvard University organization named below. If submitted online, please allow 7-10 business days to receive your debit card which will be mailed to your organizations address on file. You can also stop by any branch location for an instant issue card.

### What would you like to do?

- New Card and Pin  
(First card of this type for this account)
- Reissue – New card and new pin  
(If fraud, copy of police report must be submitted with the Fraudulent Activity Report form)

**PLEASE NOTE:** New signers to the account are subject to Harvard FCU's standard debit card re-issue fee of \$10.00

### Organization Information

Name of Authorized Officer: \_\_\_\_\_

Name of Student Organization: \_\_\_\_\_ Abbreviation: \_\_\_\_\_

Name Printed on Card: 

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**PLEASE NOTE:** Name must be limited to 19 characters that can be printed on the card including club abbreviation.

Organization Member #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Term Ending (card will expire at the end of term): \_\_\_\_\_ (mm/dd/yyyy)

### Debit Card Access

- I wish to access this account for Debit MasterCard **and** ATM use from Checking Account #: \_\_\_\_\_
- I wish to access this account for ATM use **ONLY** from Savings Account #: \_\_\_\_\_

**Authorization:** By signing below, I am applying for a Harvard Federal Credit Union Debit MasterCard. I understand the Debit MasterCard is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Harvard University Organization's checking account only. I authorize Harvard Federal Credit Union to verify the information provided above and request a credit report if necessary. The Harvard Federal Credit Union Debit MasterCard is available for qualified members only. Other requirements apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Printed Name of Officer/Authorized Signer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

#### INTERNAL USE ONLY

Card #: \_\_\_\_\_ Approved by: \_\_\_\_\_

Taken by: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ (mm/dd/yyyy)

Ordered by: \_\_\_\_\_ Verified by: \_\_\_\_\_