



40 Belgrade Ave • Roslindale, MA 01231 • 617-325-2900
thecooperativebank.com

Debit/ATM Card Exclusion

Customer's Name	
Last 4 Digits of Card Number	
Last 4 Digits of Additional Card Number (if any)	
Customer's Phone Number	

Country		Start Date		End Date	
Country		Start Date		End Date	
Country		Start Date		End Date	
Country		Start Date		End Date	
Country		Start Date		End Date	
Country		Start Date		End Date	
Country		Start Date		End Date	

I agree to the terms and conditions governing the use of The Cooperative Bank ATM and Debit MasterCard.

I acknowledge having received a copy of the Disclosure of Terms and Conditions of Electronic Funds Transfer Services from The Cooperative Bank.

I understand that placing this exclusion on my card may increase my exposure to card fraud. I also understand that these charges may or may not be recoverable given the individual situation.

Customer Signature: _____ **Date:** _____

Branch Use Only: By signing below Branch Representative certifies that all customers on this form meet TCB CIP requirements.

Employee Name _____ **Signature** _____ **Date** _____

Verifying Employee Name _____ **Signature** _____ **Date** _____