ATM/Debit Card Application

Catholic Family CREDIT UNION

9237 Ward Parkway, Ste. 114
Kansas City, MO. 64114
Phone: (816)444-7440
Fax: (816)444-6360

◯ YES, I want my CFCU ATM Card

◯ YES, I want my CFCU Debit Card
(Must have checking account in good standing.)

◯ I would like to apply for an "Anytime Credit Line" for overdraft protection.
(This is a line of credit and will require a complete loan application & credit approval.)

Primary Member

Account Number | Social Security Number

Address

City/State/Zip

Home Phone | Work Phone

Joint Owner (only if ordering a second card)

By signing below, I agree to be liable for all transactions of any kind performed by me or anyone to whom I entrust my card. I also agreed that use of my card constitutes consent to the effective rules and regulations. I certify that I have received, read, and understand my rights, responsibilities, and liabilities under Regulation E.

Primary Signature | Date

Joint Signature (if ordering a second card) | Date

For Office Use:

◯ Approved ◯ Denied Reason: _____

____ SSN ____ MailAdd ____ Acct # Telecheck Approval # _____