

ATM/DEBIT CARD REQUEST

INSTRUCTIONS

APPLICATION

Applicant: _____ SS#: _____

Co-Applicant: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Have you ever been issued an ATM card from CFSB? **NO** **YES**, Card Number: _____

If Yes, please check one: Close this account. Keep this account open.

I/We would like to access the following accounts with my/our CFSB ATM/Debit card(s):

Checking account number(s):

Savings account number(s):

Primary Acct. #: _____ Primary Acct. #: _____

Your signature(s) on this form will constitute an agreement confirming that the use of the card(s) will be governed by our **Electronic Funds Transfer Service Agreement**.

X _____
Customer Name Date

X _____
Customer Name Date

OFFICE USE

Daily Limit: ATM \$ _____ POS \$ _____ Total \$ _____ Service Charge: Card Fee \$ _____

Deposit Only Account VIP Account Authorized by: _____

EFT Agreement (check one) Mail to Cardholder Given to Cardholder

Received by: _____ Verified by: _____ Input by: _____ Date: _____

1. Fill out the form at left. For your convenience it can be filled-in online.
2. Print out the form.
3. Sign the form in the appropriate place(s).
4. **MAIL** the form to us at:
89-07 Jamaica Ave
Woodhaven, NY 11421

Or

FAX it to us at: 718.847.6444

Please do not send your application to us using email unless you first send us a request. We will then provide a secure email message which you can respond to.

We take protecting your personal information seriously.