

DEBIT CARD APPLICATION

Member Information

Account # _____

Member Name _____

Street _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security # _____

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfer Agreement.

CELL PHONE # FOR FRAUD TEXT ALERTS _____

_____ SIGNATURE	_____ DATE
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D/C # XXXX1300 _____ **Date:** _____ **Misc:** _____

OPTIONAL COURTESY PAY INFO:

Cardholders can request to be covered by Optional Courtesy Pay which covers ATM and everyday debit card transactions posting to their checking account.

- There will be a \$25 fee each time the credit union pays an overdraft for an ATM or everyday debit card transaction for which the cardholder has "Opted In".
- There is no limit to the number of overdraft fees that the credit union will assess in any one day.
- The cardholder can revoke any previous "Opt In" coverage at any time by signing an Opt In Revocation Form and submitting that form to the credit union.

OPT IN NOTIFICATION	APPLICATION TAKEN BY: _____
<p>_____ I do not want CCSE FCU to authorize or pay overdrafts on my ATM and everyday debit card transactions.</p> <p>_____ I want CCSE FCU to authorize and/or pay overdrafts on my ATM and everyday debit card transactions. I have been provided with a copy of the "What You Need to Know about Overdrafts and Overdraft Fees" information sheet and understand that I can revoke my authorization at any time by signing the Revocation order and presenting this to the Credit Union.</p>	
_____ Signature	_____ Date

APPLICATION ACCEPTED BY: _____