

CFCCU Debit Card Application

Account Number: _____

Application Name:	
Address:	
Home Phone:	Cell Phone:
SSN:	Date of Birth:
Employer:	Position:
State Date:	Supervisor:
Gross Monthly Income:	
House Payment/Rent:	To Whom:
Co-Applicant Name:	
SSN:	Date of Birth:
Employer:	Start Date:
Gross Monthly Income:	

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it. We can cover your overdrafts in two different ways:

- 1) We have standard overdraft practices that come with your account-We do authorize & pay overdrafts for checks & transactions using your checking account number, as well as automatic bill payments. We do not authorize & pay overdrafts (unless you ask us) for ATM transactions & everyday debit card transactions. We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize & pay any type of transaction. If we do not authorize & pay an overdraft, your transaction will be declined.
- 2) We also offer overdraft protection plans, such as link to a savings account or an overdraft protection line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

What fees will I be charged if CFCCU pays my overdraft?

Under our standard overdraft practices, we will charge you a fee of up to \$28 each time we pay an overdraft, with a maximum charge of \$112 per day. There is no limit on the total fees we can charge you for overdrawing your account.

_____ I do not want CFCCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I want CFCCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

PLEASE READ, SIGN, AND DATE STATEMENT

I present this application truly and correctly stated to the best of my knowledge and for the purpose of obtaining credit from the credit union.

Applicant's Signature

Date

Co-Applicant's Signature

Date

The information provided above is given so that the above-signed member(s) may obtain a Cedar Falls Community Credit Union Debit Card. I/We certify that the information is true and correct. I/We authorize the credit union to make inquiries about my/our credit and deposit history, and to furnish such information to others. I/We understand and agree that anyone in possession of my/our Debit Card may access my/our account through use of the Debit Card. I/We agree to use the Debit Card according to the rules provided by the Credit Union.

If you furnish your card and PIN to a person (such as a family member or friend) and grant them authority to use your card for a specific transaction, and they exceed the authority given, you are fully liable for any transaction(s) that exceed your initial authority, UNLESS you notify the credit union that transactions by that person which exceed your initial authority are no longer authorized, AND you agree to assist the credit union in prosecuting the person in question to the full extent of the law for theft and/or fraud.

Credit Union Use Only _____ Approved

_____ Rejected

Loan Officer Signature _____

Date _____

- Loaded in FSP
- Ordered in Shazam
- Scrolling Message Added
- Loaded Opt In/Opt Out