

DEBIT CARD APPLICATION



Account Number: _____

APPLICANT INFORMATION:

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

CO-APPLICANT INFORMATION:

Name:	
Address:	
Home Phone:	Cell Phone:
SSN:	Date of Birth:
Employer:	Position:
Start Date:	Supervisor:
Gross Monthly Income:	

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 the 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

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected Loan Officer Signature _____ Date _____	<input type="checkbox"/> Loaded in FSP <input type="checkbox"/> Ordered in Shazam
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OVERDRAFT COVERAGE CONSENT



What do you need to know about overdrafts and overdraft fees

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

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

THIS NOTICE EXPLAINS OUR STANDARD OVERDRAFT PRACTICES.

Q. What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to:

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

Q. What fees will I be charged if Cedar Falls Community Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **\$28** each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

Q. What if I want Cedar Falls Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call (319)-266-7531, visit us on the web at cfccu.org, or complete the form below and mail it to 123 West 4th Street, Cedar Falls, IA 50613. You have the right to revoke your consent for overdraft service at any time.

 I do not want Cedar Falls Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions

I do want Cedar Falls Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions

Printed Name: _____

Date _____

Signature: _____

Account Number: _____

CREDIT UNION USE ONLY

Opted In Opted Out

Loan Officer Signature _____

Date _____