

# CPFCU Debit Card Application Form

**Yes!** I would like to apply for a City & Police Federal Credit Union Debit MasterCard® Card. I realize that I must be at least 18 years of age or have a parent or guardian as joint owner of my account. I also realize I must have a CPFCU checking account.

Account #		MSR Initials:	
Primary Name:		Joint Name:	
Business Name (if any):		Business Name (if any):	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Mother's Maiden Name:		Mother's Maiden Name:	
Home #	Work #	Home #	Work #
SSN:	Date of Birth:	SSN:	Date of Birth:
<p><i>By using this Debit MasterCard® Card, I/We agree to all the terms, disclosures, and conditions as set forth in the ATM card/Debit MasterCard® Card Agreement, Electronic Funds Transfer Disclosure and ATM safety precautions. I/We also agree to any amendments to these agreements which may be made from time to time. I/We understand that in the event funds are not available, standard NSF fees will be assessed. Excessive NSF violations may result in the Credit Union closing this account. I/We also understand that the decision to grant this request for a Debit MasterCard® Card will be based on information provided in this application and a report from an established credit reporting agency. The result of this decision will be made available in accordance with terms of the Fair Credit Reporting Act and Equal Credit Opportunity Act.</i></p>			
Signature		Date	
Signature		Date	
<p>If this is a re-order, please check the reason for this request:</p> <p> <input type="checkbox"/> Lost on ___/___/___                      <input type="checkbox"/> Damaged  <input type="checkbox"/> Stolen on ___/___/___                      <input type="checkbox"/> Never received  <input type="checkbox"/> Captured at _____                      <input type="checkbox"/> PIN only         </p> <p style="text-align: right;">There is a \$10 per card replacement fee.</p>			
<p>This form may be returned to any of our offices  or FAXed to (904) 854-9776  or mailed to  City &amp; Police FCU  4675 Sunbeam Road  Jacksonville, FL 32257-6109</p>		<p>Office Use Only  <input type="checkbox"/> Approved    <input type="checkbox"/> Denied  Direct Deposit    <input type="checkbox"/> Yes    <input type="checkbox"/> No  NSFs YTD _____                      Date Ordered _____  Beacon _____                      Ordered By _____</p>	