



Debit Card Application

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/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/Cell #	Home #	Work/Cell #
SSN:	Date of Birth:	SSN:	Date of Birth:

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.

Signature	Date	Signature	Date
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If this is a re-order, please check the reason for this request:

- | | |
|--|---|
| <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 |

**Replacement Fee:
\$15 / per card**

This form may be returned by one of the below options: 1) Dropped off at any of our 5 branch locations 2) Fax: (904) 854-9776 3) US Mail: City & Police FCU 4675 Sunbeam Road Jacksonville, FL 32257-6109	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 _____	