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**ATM/Debit MasterCard Application Form**  
A CFFCU checking account is required for ATM/Debit cards.

Regular Checking  Second Chance Checking  
 Debit MasterCard  ATM Card

CARD # \_\_\_\_\_

JT CARD # \_\_\_\_\_

Account number \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Phone Number (used for all notifications and card activation) \_\_\_\_\_

Social Security # \_\_\_\_\_

Joint Member Name \_\_\_\_\_

Phone Number (used for all notifications and card activation) \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

By signing below, I/we make application for a CFFCU ATM/Debit MasterCard. I/we agree to be bound to all of the terms and conditions governing the use of that card as outlined in the CFFCU Disclosure for Electronic Fund Transactions. I/we understand and agree that the disclosure will be provided to me by CFFCU if my request is approved. I/we understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with past history and information obtained from a Consumer Reporting Agency. I/we hereby authorize CFFCU to obtain my consumer report for this purpose.

Primary Member's Signature \_\_\_\_\_

Joint Member's Signature \_\_\_\_\_

Maximum cash withdrawals at ATM machines are limited to \$500.00 per day.  
The first six ATM transactions per monthly statement cycle are free; additional transactions are \$1.00 each.  
Replacement card fee is \$12.00. Pin reorder fee is \$3.00.

**For Credit Union Use Only**

Date application received                      UMSG

Date of Card order \_\_\_\_\_ Teller #                      ODP

Notes: \_\_\_\_\_