

Account Access - Common Application

Only complete the areas of this form needed for new or replacement services

Account Number _____

Name - Primary: _____ **Joint:** _____

Mailing Address*: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: (____) _____ - _____ **ext.** _____ **Home Phone:** (____) _____ - _____

*For address changes or corrections please use the Address Change form.

Email Address

Preferred*: _____ **Alternate:** _____

*This will be the default email address for the account.

Online Banking Your password and instructions will be forwarded to the default email address.

New Activation **Additional User ID** _____
Joint Owner/Authorized Signer Name

Mobile Deposit Account must be open for 60 days. CPFCU Mobile is required.

Teller24 - PIN Numbers only please. We recommend you change your PIN when you call in for the first time.

Checks - Start# _____ **Boxes** _____ **Style** _____ **Lettering** _____ **Monogram** _____

Liberty **Deluxe** **Senior** **Benefits Plus** **Direct Deposit** First order only **New** **Reorder**
Checks will be imprinted with name and address only unless otherwise indicated. Please use the provided space to indicate imprint instructions.

For Credit Union Use - Check Orders
<input type="checkbox"/> Check Digit(s) _____ Ordered by # _____ Date _____

Notes

Visa Debit **ATM** **Primary** **Joint** **New** **Replacement*** - Reason _____
You must have share draft/checking account to apply for a Visa Debit Card - There is a separate application for minors under 18

Driver's License - Primary: _____ **Issue Date:** _____ **Exp. Date** _____

Driver's License - Joint: _____ **Issue Date:** _____ **Exp. Date** _____

***If you have previously opted out of Visa Account Updater, don't forget to opt out on your new card**

Be sure to read all disclosures before signing.

By signing below I acknowledge receipt of the Membership Account Agreement inclusive of the disclosure concerning the services I have chosen, the discretionary overdraft privilege policy, and the Mobile Deposit User Agreement as applicable, and agree to all terms and conditions of these agreements and/or policies. I agree the information supplied by me on this application is true and complete. I understand inquiries may be made for approval. Approval of this application is subject to the credit policies of this institution. I agree that upon issuance of a Visa Debit Card, I will surrender any and all ATM Cards that access the above referenced account(s).

Signature of Primary Member _____ Date _____ Signature of Joint Member _____ Date _____

CPFCU Use - ATM/Visa Debit Card
<input type="checkbox"/> DeluxeDetect <input type="checkbox"/> NSF <input type="checkbox"/> Approved o Denied Action _____ Employee _____ Date _____ <input type="checkbox"/> Offer Extended Coverage Employee _____

CPFCU Use - Mobile Deposit
<input type="checkbox"/> Over 60 days Date Opened _____ <input type="checkbox"/> DeluxeDetect <input type="checkbox"/> NSF <input type="checkbox"/> Approved o Denied <input type="checkbox"/> Disclosure Employee _____ Date _____

CPFCU Use
<input type="checkbox"/> Received # _____ <input type="checkbox"/> Reviewed # _____ <input type="checkbox"/> Scanned # _____