

ACCOUNT ACCESS - COMMON APPLICATION

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

Account Number (UserID) _____
 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.*

~~\$ -ur-W 3-tr-g~~ 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 _____
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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 _____

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 <input type="checkbox"/> Denied Action _____ Employee _____ Date _____ <input type="checkbox"/> Offer Extended Coverage Employee _____
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CPFCU Use - Mobile Deposit <input type="checkbox"/> Over 60 days Date Opened _____ <input type="checkbox"/> DeluxeDetect <input type="checkbox"/> NSF <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Disclosure Employee _____ Date _____
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CPFCU Use <input type="checkbox"/> Received # _____ <input type="checkbox"/> Reviewed # _____ <input type="checkbox"/> Scanned # _____
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