

Cincinnati Federal Debit and ATM Card Application

I would like to apply for a Cincinnati Federal Debit or ATM Card. I understand that I must be at least 18 years of age or have a parent or guardian as a joint owner on my account. If I currently have an ATM card on this account, I understand that this debit card will replace my ATM card unless other arrangements have been made with management.

This is an application for a: MasterCard® Debit Card ATM Card

Name: _____
First Name Middle Initial Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____ / _____ / _____

Mother's Maiden Name _____ Primary Phone Number _____

Please Note: You will need to call from the Primary Phone Number listed in order to activate your card.

Terms and Conditions:

- Our decision to grant this request for a debit card will be based on information provided in this application.
- By using the MasterCard® Debit Card, you agree to all the terms and conditions as set forth in the Electronic Fund Transfer Agreement and Disclosure which is governed by Federal Regulation E. This disclosure also explains ATM safety precautions and was provided to you when your account was opened but is also available upon request. You also agree to any amendments to these agreements which may be made from time to time.
- Your personal checking and savings (if instructed) account number will be linked to this card.
- Purchase transactions made with your Cincinnati Federal MasterCard® Debit card will be deducted from your CF checking account. ATM transactions will be withdrawn from your checking or savings account linked to this card.
- The card will be issued only to accountholders whose names are listed owners or custodians of the account(s).
- You will receive your new card within 7 to 10 business days of submitting this application.
- You will be prompted to create a PIN upon activating your new MasterCard® Debit or ATM Card.
- You will receive a disclosure stating your daily dollar limits on your new card. Dollar limits can be raised upon request and approval. Cincinnati Federal reserves the right to lower limits at any time without prior notification.
- You may be charged a Replacement Fee if we re-order more than 1 card within a 6 month period.
- If you have applied for a Cincinnati Federal MasterCard® Debit Card and do not qualify, this application can serve as a request for an ATM card.

Extended Coverage Consent	
<input type="checkbox"/>	Customer has extended Overdraft Privilege coverage on the account noted above for ATM and everyday Debit Card overdraft transactions.
<input type="checkbox"/>	Customer has declined extended Overdraft Privilege coverage on the account noted above for ATM and everyday Debit Card overdraft transactions.

Signature _____ Date _____

[Office Use Only Below This Line]

Account 1: _____ Special Requests: _____

Account 2: _____

Account 3: _____ Manager's Initials _____

Fax Copy to the Price Hill Office and keep original in customer's file.

	Limits/ Stand In	New Limits/Date & Initials	
_____	CARD: _____	_____	_____
Card Number			
Date Ordered/CSR Initials _____	ATM: _____	_____	_____
Card Mgmt Date/CSR Initials _____	POS: _____	_____	_____
1st Replace/Reorder Reason _____		CSR Initials and Date _____	
Charge for Card? Y or N			

	Limits/ Stand In	New Limits/Date & Initials	
_____	CARD: _____	_____	_____
Card Number			
Date Ordered/CSR Initials _____	ATM: _____	_____	_____
Card Mgmt Date/CSR Initials _____	POS: _____	_____	_____
2nd Replace/Reorder Reason _____		CSR Initials and Date _____	
Charge for Card? Y or N			

	Limits/ Stand In	New Limits/Date & Initials	
_____	CARD: _____	_____	_____
Card Number			
Date Ordered/CSR Initials _____	ATM: _____	_____	_____
Card Mgmt Date/CSR Initials _____	POS: _____	_____	_____
3rd Replace/Reorder Reason _____		CSR Initials and Date _____	
Charge for Card? Y or N			

	Limits/ Stand In	New Limits/Date & Initials	
_____	CARD: _____	_____	_____
Card Number			
Date Ordered/CSR Initials _____	ATM: _____	_____	_____
Card Mgmt Date/CSR Initials _____	POS: _____	_____	_____
4th Replace/Reorder Reason _____		CSR Initials and Date _____	
Charge for Card? Y or N			