COMMUNITY FINANCIAL

ATM Card & Visa Check Card Application
Personal Accounts

Account Number _____ Individual Account Joint Account

Number of Cards Requested: 1 2 Other _____

Type of Card Requested: ATM Visa Check Card

Primary Member Information	Joint Member Information
Last Name	Last Name
First Name	First Name
Middle Initial	Middle Initial
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone Number	Home Phone Number
Email Address:	Email Address:

Visa Check Card Agreement

By signing below, I/we request a Community Financial Visa Check Card or ATM Card be issued to me/us. I/We authorize you to replace it until I/we cancel this agreement. I/We understand that you may verify and exchange information on me and any additional applicants, including requesting credit reports from credit reporting agencies.

I/We assert that all information contained in this application is true and complete and agree to be bound by Community Financial's ATM Cardholder Agreement given when my/our account was opened, or the Visa Check Card Terms & Conditions that is provided with the Card. All applicants agree to be jointly and severally liable for the account. If you need another copy, please contact one of our offices.

Use of the Card(s) indicates agreement to its terms.

If applicable, I/we understand that the Visa Check Card is also an ATM Card and understand that a Personal Identification Number (PIN) will be issued to all cardholders.

_____ _____
Signature of Primary Member Date

_____ _____
Signature of Joint Member Date

Office Use Only

Application Received By	Branch Location
Card Number	PIN Offset Number
Number of Cards Per Acct	Initials & Date
Student Acct Yes No	