



## CARD APPLICATION

Account Number \_\_\_\_\_

Type of Card Requested:

☐ Debit ☐ Business Debit ☐ HSA Debit ☐ World ☐ Platinum Rewards ☐ Platinum ☐ Business

☐ **NEW CARD**

☐ **REPLACEMENT CARD** \*A \$5.00 Card Replacement Fee for each card number Lost or Closed by Collections will be charged to a Checking or Savings Share.

☐ LOST\* ☐ FRAUD ☐ STOLEN ☐ CLOSED BY COLLECTIONS\*

☐ NON-RECEIPT (Card Never received in mail)

☐ CLOSED PER CARDHOLDER: **Must provide brief reason why below**

☐ **REISSUE SAME CARD NUMBER**

☐ DAMAGED

☐ NAME CHANGE

### MEMBER INFORMATION

|            |                |                  |
|------------|----------------|------------------|
| Name       | Street Address | City, State, Zip |
| Home Phone | Mobile Phone   | Email Address    |

### MEMBER INFORMATION

|            |                |                  |
|------------|----------------|------------------|
| Name       | Street Address | City, State, Zip |
| Home Phone | Mobile Phone   | Email Address    |

### CARD AGREEMENT

I/We assert that all information contained in this application is true and complete and by signing below, I/we request a Community Financial Debit Card,/ Credit Card /and/or ATM Card and a Personal Identification Number (PIN) be issued to me/us. I/We acknowledge receipt of and agree to be bound by Community Financial's Debit Card Terms and Conditions and Electronic Fund Transfers Disclosure and/or Credit Card Holder Agreement provided at account opening.

|                  |      |
|------------------|------|
| Member Signature | Date |
| Member Signature | Date |

FORM COMPLETED BY

