



CARD APPLICATION

Account Number _____

Type of Card Requested:

ATM Debit HSA Debit World Platinum Rewards Platinum Business

NEW CARD (You have never been issued an ATM / DEBIT / HSA DEBIT card on this account)

REPLACEMENT CARD *A \$5.00 Card Replacement Fee for each card number lost will be charged to your Community Financial Checking or Savings account.

LOST* FRAUD STOLEN

NON-RECEIPT (Card never received in mail)

CLOSED PER CARDHOLDER: **Please 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

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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

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