



CONSUMERS
PROFESSIONAL
CREDIT UNION

ATM AND VISA DEBIT CARD APPLICATION

Primary Member

Name:			
Account number:	Suffix:	Soc. Sec. #:	Birthdate:*
Address:			
City:	State:	Zip Code:	
Card Type: <input type="checkbox"/> ATM Card <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> None	Cell Phone:	Home Phone:	

Joint Member

Name:			
Account number:	Suffix:	Soc. Sec. #:	Birthdate:
Address:			
City:	State:	Zip Code:	
Card Type: <input type="checkbox"/> ATM Card <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> None	Cell Phone:	Home Phone:	

Card Limits

DAILY LIMITS:	Debit Card	ATM Card	* For Minors (under age 18) student limits will apply. To waive student limits and have standard limits apply to a student's card, the joint account owner may initial here: <input type="checkbox"/> Apply Standard limits <u>Parent/Guardian Initials</u>
ATM Withdrawal	\$750.⁰⁰	\$250.⁰⁰	
	* Students: \$50.⁰⁰	* Students: \$50.⁰⁰	
Purchases (Including cashback)	\$1000.⁰⁰	N/A	
	* Students: \$500.⁰⁰	N/A	

By signing below, I am applying for a Consumers Professional Credit Union ATM or Visa Debit Card. I understand this is not a credit card and that the amount of purchase made as a Debit Card will be deducted from my primary checking account. ATM transactions will affect the account I select at the time of transaction. I authorize Consumers Professional Credit Union to verify the information provided and to verify credit history and/or request a credit report if necessary. The Consumers Professional Credit Union ATM or Visa Debit Card is available for qualified members only. Other requirements apply, see agreements and disclosures. I agree to be bound by the terms and conditions covered in the disclosure Statement and Cardholder Agreement.

Member Signature:	Date:
Joint Member Signature:	Date:

For Credit Union use only:

Initials:	Date Ordered:	Primary Card Number:	Card Initials:
Initials:	Date Ordered:	Joint Card Number:	Card Initials: