



# DEBIT/CHECK CARD APPLICATION

MAIL TO: SAN FRANCISCO FCU, 770 GOLDEN GATE AVE., SAN FRANCISCO, CA 94102 OR DROP IT OFF AT ONE OF OUR BRANCHES.

## 1. PRIMARY MEMBER APPLICATION AND INFORMATION

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CURRENT ACCOUNT NUMBER	TYPE OF ACCOUNT	SSN/TIN

	MI		
FIRST NAME		LAST NAME	DRIVER'S LICENSE OR STATE/CITY I.D. NUMBER

STREET ADDRESS

CITY	STATE	ZIP

HOME PHONE	WORK PHONE	MOTHER'S MAIDEN NAME

YEARS AT CURRENT RESIDENCE	DATE OF BIRTH

**2. DEBIT/CHECK CARD ACCESS** - You may access a maximum of one savings account and one checking account. (Signature and POS transactions available only with checking account.) Please provide account type next to Checking and/or Savings Account selected.

Checking Account - S\_\_\_\_\_
  Savings Account - S\_\_\_\_\_

## 3. DEBIT/CHECK CARD INFORMATION

MEMBER NAME TO BE EMBOSSED ON CARD (19 CHARACTERS MAX)

IF APPLICABLE, ADDITIONAL CARD FOR JOINT OWNER (19 CHARACTERS MAX)

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IF APPLICABLE, JOINT OWNER'S SSN (JOINT OWNER MUST BE JOINT ON ACCOUNTS CHECKED ABOVE IN SECTION 2: DEBIT/CHECK CARD ACCESS)

**4. OVERDRAFT PROTECTION** - If you have applied for a checking account, you request that we cover any overdrafting transactions from the following sources (list order: 1, 2, 3, 4, 5). Joint owners of your checking account must also be joint on all of the overdraft accounts you select. OD Transfer Protection Plan not available on HSA Checking Account. If you designate and are approved for more than one source, we will access sources in the order you indicate. Transfer are made in increments of \$50 from Share Accounts and \$100 from Lines of Credit.

<input type="checkbox"/> REGULAR SHARE SAVINGS ACCOUNT	<input type="checkbox"/> PRIMEPLUS LINE OF CREDIT*
<input type="checkbox"/> MONEY MARKET SAVINGS ACCOUNT	<input type="checkbox"/> VISA CREDIT CARD*
<input type="checkbox"/> REGULAR <input type="checkbox"/> PREMIUM <input type="checkbox"/> PREMIUM PLUS	<input type="checkbox"/> HOME EQUITY LINE OF CREDIT*

\*Separate application required for all lines of credit.

## 5. AUTHORIZATION/SIGNATURES

Please read and sign before submitting.

I request a San Francisco Federal Credit Union Debit/Check Card and a randomly selected personal identification number (PIN). I agree to read and familiarize myself with the terms of the Electronic Funds Transfer Agreement and Disclosure Statement that will be provided with the Debit/Check Card, and to review the Overdraft Protection Section under the General Checking Account terms of the Member Account Handbook, prior to using the Card. I understand that by using the card or permitting others to use it, I will consent to the terms of those documents. I further understand that use of the Debit/Check Card is also subject to the terms of the Truth in Savings Account Disclosure and the Member Account Handbook. I acknowledge that I already have copies of these documents. I authorize you to check my credit to verify my satisfactory previous checking account history and determine my eligibility for credit through a national source, and to report my credit and checking experience with others. I understand that if issued, the Debit Check Card will replace any Credit Union ATM card(s) I have, and that the Credit Union will terminate any old Credit Union ATM card(s) on my account(s) checked above after notice to me.

MEMBER'S (OWNER'S) SIGNATURE	DATE	JOINT OWNER'S SIGNATURE	DATE

FOR CREDIT UNION USE ONLY

C.U EMPLOYEE/OPERATOR NO.	DATE OPENED	ACCOUNT NUMBER	CREDIT SCORE	SERVICE REQUEST NUMBER