

# Parkview Community Federal Credit Union

## ATM/Check Card Application

**IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL ATM/CHECK CARD TO BOTH ACCOUNTHOLDERS OF A JOINT ACCOUNT, EACH OWNER MUST COMPLETE AND SIGN THIS APPLICATION.**

**Please print clearly.**

Member \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Member \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please make a choice below. Both choices can be selected, if applicable. Please leave Account # field blank if you do not know it:**

- The following Share (Savings) Account # \_\_\_\_\_ will be accessed for ATM use **only** with the PCFCU ATM/Check Card. (**NOTE:** A PCFCU ATM/Check Card cannot be used for POS (Point-Of-Sale) transactions when the card is associated with a Share (Savings) Account only. Deposit restrictions may also apply.)
- The following Share (Savings) and Share Draft (Checking) Account # \_\_\_\_\_ will be accessed for ATM and/or Check Card use – including POS (Point-Of-Sale) transactions.

### **Fraud**

Our fraud department monitors debit card transactions and will attempt to verify with you if you authorized certain transactions. They will attempt to contact you via:

### **Text Alerts, Home Phone, Work Phone, Cell Phone and/or E-mail**

Please note that if you do not respond to the fraud department, there may be a hold placed on your card until we are able to get in contact with you to verify that the transactions in question were or were not authorized by you. (**Text Messages are free and come from 37268.**)

**Authorizations:** By signing below, I (we) am (are) applying for Parkview Community FCU ATM/Check Card. I (We) understand this is not a credit card and that the transactions conducted with this card will be deducted from my (our) Parkview Community FCU Savings or Checking Account(s), whichever applies. I (We) authorize Parkview Community FCU to verify the information provided above and to request a credit report, if necessary. The Parkview Community FCU ATM/Check Card is available for qualified members only. I understand that other requirements and/or restrictions may apply. I (We) agree to be bound by the terms and conditions covered in the Account Agreement of Parkview Community Federal Credit Union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR CREDIT UNION USE ONLY:**

ChexSystems Verification Done By \_\_\_\_\_ On \_\_\_\_\_

Card Ordered By \_\_\_\_\_ On \_\_\_\_\_

Card# \_\_\_\_\_ Card# \_\_\_\_\_