



JERSEY CENTRAL

FEDERAL CREDIT UNION

23 North Ave East ♦ P.O. Box 661 ♦ Cranford, NJ 07016

ATM/Debit Enrollment Form

The Jersey Central Federal Credit Union (JCFCU) Debit MasterCard and ATM cards open the door to shopping and banking with the ease of a single card! Make money management easier by applying today!

Security

Information gathered on this application will not be used by us in any way other than to process your application for the Debit MasterCard or ATM cards.

Cardholder Information

Application form for Debit MasterCard/ATM Card

Primary Account Holder	Joint Account Holder
Name:	Name:
Social Security Number:	Social Security Number:

Account # _____

You must have a current JCFCU share checking account to receive a JCFCU Debit MasterCard. If you do not have one, you can apply for one by speaking with one of our Member Service Representatives. If you only hold a share savings account with us, you will only be eligible to receive an ATM card.

Type of account held

Share Savings Account
ATM card only

Share Checking Account
ATM/Debit MasterCard

Contact Information

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Terms and conditions acceptance

I/We certify to the truth of the information on this application. I/We authorize JCFCU to issue a Debit MasterCard/ATM card to the individual(s) named above. I/We understand that any purchases or withdrawals made with the Debit MasterCard will be deducted from my/our share checking account. ATM transactions may be deducted from my/our share checking account or share savings account, whichever type of account I/We hold with JCFCU.

By signing below, I/We acknowledge requesting a JCFCU Debit MasterCard or ATM card.

Signature: _____

Signature: _____

Date: _____