

CEFCU

Not a bank. Better.®

P.O.Box 1715 • Peoria, IL 61656-1715

FOR OFFICE USE ONLY

Savings Number

ID Number

Acct Type: Personal

Checking/IMMA Digit

Date

Employee

Office

Supplemental Document

Electronic Services Application/Agreement

PRIMARY MEMBER INFORMATION (PLEASE PRINT)

Mr. Ms.

Primary Member's Name

Social Security Number Birthdate

Street Address, City, State, and ZIP

Mailing Address, City, State, and ZIP (if different)

Home Phone (Required) Business Phone

Cell Phone Email Address

Please indicate the Service(s) you wish to open by checking the appropriate boxes.

CARD SERVICES (Account access via Automated Teller Machines (ATMs) and Point of Sale Terminals (POS))

I request the following card service:

CEFCU® Debit Mastercard®

CEFCU HSA Debit Card

Youth CEFCU Debit Mastercard Age 12-17 (Parent/Legal Guardian Required)

Please select your preferred card design

(Primary and Joint member(s) will receive the same card design):

Contemporary

Traditional

Spartan

SJSU Logo

TOUCH-TONE TELLER (account access via Touch-Tone phone)

I want to access my primary CEFCU account(s) using:

Touch-Tone Teller

I request to transfer funds from my primary CEFCU account to the following CEFCU account(s) **other than my own.**

Member's Name (print) Savings Account Number

Member's Name (print) Savings Account Number

Member's Name (print) Savings Account Number

Please complete the Joint Member Information section and specify the service(s) you'd like the Joint Member to have access to by checking the appropriate boxes.

JOINT MEMBER INFORMATION (PLEASE PRINT)

Mr. Ms.

Joint Member's Name

Social Security Number Birthdate

Street Address, City, State, and ZIP

Mailing Address, City, State, and ZIP (if different)

Home Phone (Required) Business Phone

Cell Phone Email Address

Relationship to Primary Member

I request the following service for this Joint Member:

CEFCU Debit Mastercard

JOINT MEMBER INFORMATION (PLEASE PRINT)

Mr. Ms.

Joint Member's Name

Social Security Number Birthdate

Street Address, City, State, and ZIP

Mailing Address, City, State, and ZIP (if different)

Home Phone (Required) Business Phone

Cell Phone Email Address

Relationship to Primary Member

I request the following service for this Joint Member:

CEFCU Debit Mastercard

Upon approval of requested service(s), your card(s), and/or PIN(s) will be mailed to you and you should receive them within ten business days.

(See reverse for additional joint information)

JOINT MEMBER INFORMATION (PLEASE PRINT)

Mr. _____ Ms. _____

Joint Member's Name _____

Social Security Number _____ Birthdate _____

Street Address, City, State, and ZIP _____

Mailing Address, City, State, and ZIP (if different) _____

Home Phone (Required) _____ Business Phone _____

Cell Phone _____ Email Address _____

Relationship to Primary Member _____

I request the following service for this Joint Member:

CEFCU Debit Mastercard®

JOINT MEMBER INFORMATION (PLEASE PRINT)

Mr. _____ Ms. _____

Joint Member's Name _____

Social Security Number _____ Birthdate _____

Street Address, City, State, and ZIP _____

Mailing Address, City, State, and ZIP (if different) _____

Home Phone (Required) _____ Business Phone _____

Cell Phone _____ Email Address _____

Relationship to Primary Member _____

I request the following service for this Joint Member:

CEFCU Debit Mastercard

FOR OFFICE USE ONLY																													
Savings Number	Letter Sent/Given	Date	Initials																										
Checking/IMMA Digit	AA Notice Sent/Given	Date	Initials																										
Primary (Last four card numbers only) _____																													
Joint (Last four card numbers only) _____																													
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TTT			_____	_____																									
ATM Withdrawal Limit \$ _____																													
Purchase Limit (DPL)\$ _____																													
Card Denial Reason(s) _____ If A or B, explain _____																													
By _____ Office _____ Com 153 _____																													
Audited by _____																													
Sav Op _____ Avg Bal \$ _____																													
Ckg Op _____ Avg Bal \$ _____																													
CRDB _____																													
Chex _____																													

REQUIRED MEMBER SIGNATURE(S)

Each Member, Primary and Joint, who may request personal access to use any electronic service must sign below. When a Joint Member requests personal access to Touch-Tone Teller, the Primary Member MUST ALSO SIGN the Primary Member is not requesting personal access for such service.

Each of the undersigned (i) confirms receipt of a copy of CEFCU's Deposit Account Agreement when signing the Signature Card applicable to the account(s) which electronic services are requested and a copy of CEFCU's Electronic Fund Transfer Disclosure and having read that Agreement and Disclosure, (ii) agrees to the terms and provisions thereof, (iii) if the Primary Member, acknowledges that any electronic service access for any Joint Member(s) permit the Joint Member(s) access to funds or information on the Primary Member's accounts on which they may not be a Joint Member, (iv) if a Primary Member, agrees to be liable for any transaction initiated by any Joint Member(s), and (v) authorizes CEFCU to check my/our eligibility for the electronic services requested in accordance with Paragraph 3 of the Agreement.

Primary Member's Signature _____ Date _____

Joint Member's Signature _____ Date _____

Joint Member's Signature _____ Date _____

Joint Member's Signature _____ Date _____

Joint Member's Signature _____ Date _____