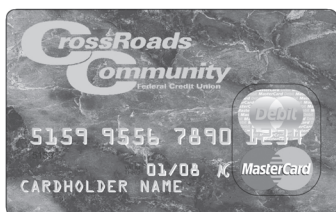


# *CrossRoads Community FCU MASTER Debit Card*

*Apply  
Today!*



## *ATM Access*

Get cash fast at thousands of ATMs worldwide.  
A listing of no-surcharge ATMs is available at  
**[www.crcfcu.com](http://www.crcfcu.com)**

## *When Making a Purchase...*

*...Choose*

Credit

Whether shopping in person, by telephone, or online, our MASTER Debit Card is a fast and convenient way to make purchases. The amount of your purchase is electronically deducted from your CRCFCU Checking Account. There's no need to write a check or provide identification, simply choose CREDIT.

## *For Cash Back...*

*...Choose*

Debit

Ask for the cash back option when making purchases at many merchant locations. Choose DEBIT and enter your Personal Identification Number (PIN) for this time saving option.



3031 William Street, Cheektowaga, NY 14227  
Phone: (716) 896-8084 or (800) 290-5801  
Fax: (716) 896-8086

## Applicant Account No. \_\_\_\_\_

☐ New Card(s)   ☐ Card reorder   \_\_\_\_ Lost \_\_\_\_ Stolen

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

S.S. No. \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## Joint Applicant

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

S.S. No. \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

I (we) authorize CrossRoads Community FCU to provide me (us) with a CRCFCU MASTER Debit Card. My (our) first use of the MASTER Debit Card will mean I (we) agree to all the terms and conditions in the Electronic Funds Transfer Transactions (EFT) Disclosure mailed with the card(s). I (we) understand that my (our) CCRFCU account(s) must meet certain criteria in order to receive the MASTER Debit Card.

Your signature on this application constitutes your understanding that the joint owner (if applicable) will have access to your checking and overdraft protection account(s). You must have a checking account in order to apply for a CRCFCU MASTER Debit Card. Other criteria may also apply.

I (we) authorize CrossRoads Community FCU to obtain consumer reports in connection with this application. Upon request, CRCFCU will give you the name and address of any consumer reporting agency from which it received information.

Member Signature \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_

## For Office Use Only

Card No. \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Review Date \_\_\_\_\_