CADDO PARISH TEACHERS' FEDERAL CREDIT UNION

4625 HEARNE AVE – PO BOX 3133 – SHREVEPORT, LA 71108
PHONE (318) 631-5640 - FAX (318) 631-8927

This application must be completed and signed by the primary member on the account. Any joint member receiving an ATM or ATM & Check Card must be joint on all applicable account suffixes. All persons applying authorize CPTFCU to obtain a copy of their current Credit Report, as well as a TeleChex Systems Report if applicable. Applications may be brought into one of the CPTFCU branch locations, faxed to: 318-631-8927, or mailed to: CPTFCU, P.O. Box 3133, Shreveport, LA 71133.

ATM or DEBIT CARD APPLICATION

Please choose one:	ATM Card	ATM & Check Card

Primary Member:	Member Number	
Street Address:	SSN/TIN:	
City/State/Zip:	Driver's Lic./ID	DL State:
Home Phone:	Date Of Birth:	
Work Phone:	E-Mail:	

Joint Member:		
Street Address:	SSN/TIN:	
City/State/Zip:	Driver's Lic./ID:	DL State
Home Phone:	Date Of Birth:	
Work Phone:	E-Mail:	

Authorization:

I/We agree to keep my/our PIN(s) (personal identification numbers) confidential. I/We will not write my/our PIN(s) on my/our card(s) or any other item, which may be kept with or near my/our ATM or ATM & Check Card(s). I/We understand that I/we may be responsible for any loss of funds if I/we do not follow the above agreement. By signing below, I/we agree to the terms and conditions of and acknowledge receipt of the Electronic Funds Transfers and Funds Availability disclosures. The first card for each applicant is available at no charge. Any additional cards are $10.00 each. All cards will have the ability to access Savings, Checking and Line-of-Credit as applicable and will automatically have a withdrawal limit of $500.00 per day.

Primary Member Signature   **Date**

Joint Member Signature   **Date**

For Credit Union Use Only:

Reason: Normal Wear & Tear _____ Was old card destroyed?: Yes _____ No _____

Charge Suffix: _____ Approved: Yes _____ No _____ Reason _____

Check Card Number: _____ EECU Staff: _____ Date: _____

Disclosures: _____ Membership Officer: _____