



3661 N. 6TH STREET, ABILENE, TX 79603-5644

(325) 691-2300 | (800) 535-2157 | CU@CoAFCU.org | www.CoAFCU.org

Better **BANKING** begins
with **MEMBERSHIP**

DEBIT CARD APPLICATION

Account Number: _____ **Date:** _____

Name: _____ **PRIMARY or JOINT ?**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Office Use Only					
ISSUE DATE	CARD #	OFFSET #	ACTIVATION DATE	817	CLOSURE DATE

PLEASE READ CAREFULLY:

By signing this application for Debit Card Services, I agree to abide by Communities of Abilene Federal Credit Union regulations, policies, bylaws, and fees. I understand that the use of the Debit Card is governed by my account holder agreement. I further agree that I will be responsible for all debits against my account made by an authorized user, whether or not such person is an authorized signatory on the account itself.

Approval of Communities of Abilene Federal Credit Union Debit Card will be based on all past financial history and not limited to share or check-writing history alone.

Communities of Abilene Federal Credit Union is an equal credit opportunity lender

I have read and understand the above agreement.

SIGNATURE REQUIRED

PRIMARY/JOINT: _____