

Our Services

- **Share/Savings Accounts**
- **Share Draft/Checking Accounts**
- **Debit Cards**
- **Online Banking**
- **Online Bill Pay**
- **Mobile Banking**
- **Money Market Accounts**
- **IRA Accounts**
(Roth & Traditional)
- **Certificates**
- **Vehicle Loans**
- **Personal Loans**
- **Mortgage Loans**
- **Other Loans (Signature,
Lines of Credit and Other)**
- **VISA Credit Card**
(Platinum Preferred)



Main Branch:
2889 E. Maple Rd.
Troy, MI 48083
248-619-0440

Hamtramck Branch:
11905 Joseph Campau St.
Hamtramck, MI 48212
313-365-1000



www.mypafcu.com
www.uniakredytowa.com



Debit Card Referral Form



- **Make Purchases**
- **Withdraw Cash**
- **Deposit Checks**
- **Make Loan Payments**
- **Check Balances**
- **Transfer Funds**



Debit Card



Use your Debit Card at the following locations:

- Gas Station
- Grocery Store
- Restaurant
- Shopping Mall
- Hotel
- ATMs to Access Cash

It's Easy and Safe!

The Polish-American Federal Credit Union Debit Card is the convenient way to pay for all your purchases whether you are at home or abroad. Just present your card whenever you make a purchase and your payment will be automatically deducted from your checking account—no fees or finance charges attached! Using your debit card makes your transaction faster and easier than writing a check, and it's safer than carrying cash. A debit card also gives you more options for accessing your cash than an ATM card.

Use your Debit Card to:

- Make purchases
- Make deposits
- Withdraw cash
- Make loan payments
- Check balances
- Transfer funds

When you pay for purchases, the merchant will run your card through a card reader. You will sign your name for a Credit transaction or enter your Personal Identification Number (PIN) for a Debit transaction. You will get a receipt at the time of purchase and the total amount of the transaction will be automatically deducted from your checking account. Some merchants may also let you get additional cash back!

24-hour Access to over 30,000 ATMs

There are NO FEES charged by Polish-American Federal Credit Union on any CO-OP Network ATM transactions. As part of the CO-OP Network, you have access to over 30,000 surcharge-free ATMs (including 9,000 deposit-taking). You will, however, be charged a fee by Polish-American Federal Credit Union and the financial institution that owns the ATM if it is not part of the CO-OP Network. For a list of the closest Surcharge-Free ATM locations, please visit our website at www.mypafcu.com and select the Convenience Services Tab then click on Shared Branches and ATMs. You can then select Shared Branch Locator or ATM Locator to get a list of the closest Service Centers and ATMs.

DEBIT CARD REFERRAL FORM

Instructions

Complete this referral form and return it to any employee or mail it to any one of our branches. If you already have a card, but need your Personal Identification Number (PIN), please provide the required information and check the appropriate box below. Completing this form does not guarantee automatic approval for a Debit Card. ***This is a request for more information. Please print.***

Polish-American Federal Credit

Account Number _____

Requesting:

New Debit Card PIN

Replacement Debit Card*

*Replacement Card Reason:

(charges may apply for a replacement card)

Lost / Stolen / Misplaced

Damaged

Card(s) for:

Primary only Joint member only Both

Telecheck approval code _____ Primary

_____ Joint

1. _____

Primary Member 's Name (card one)

_____/_____/_____
Social Security No.

Mother 's Maiden Name

Street Address

Apt. No.

City, State, Zip

Is this a new address?

Yes No

_____/_____/_____
Daytime phone

Best time to call

_____/_____/_____
Date of Birth

2. _____

Joint Member 's Name (card two)

_____/_____/_____
Social Security No.

Mother 's Maiden Name

_____/_____/_____
Date of Birth

Daytime phone

Please read and sign below:

I/We agree to be bound by all terms and conditions governing the use of the Debit Card as outlines in the EFT Disclosure and Fee Schedule that will be provided to me/us by Polish-American Federal Credit Union as soon as this form is received and approved.

Primary Member 's Signature

Date

Joint Member 's Signature

(Both signatures are required for a card request for a joint membership)

Date

Send card to Home address

Branch # _____ for pick up

**Apply for your Debit Card today
and enjoy convenient 24-hour
nationwide access to your
accounts!**

Branch _____

Teller _____