



## CFR Prepaid Visa Debit Card Application Form

Please enter completed applications into  
[www.cfrcard.org](http://www.cfrcard.org).

If you have questions, e-mail [support@cfrcard.org](mailto:support@cfrcard.org).

Financial institutions must authenticate the identity of people applying for bank accounts or prepaid debit cards. Usually this process requires nothing more than a Social Security number. Some applicants do not have sufficient personal data on public databases that can be used to complete electronic authentication. US Bank will notify card enrollees that need to provide additional ID. **Please encourage card enrollees to immediately respond to US Bank's request for more information so that their card usage is not interrupted.**

*Items marked with an \* are required fields*

\*Enrollment Date: \_\_\_\_\_

\* Applicant's Name: \_\_\_\_\_  
(First) (Last)

Applicant Residence/Physical Address: *(no PO Boxes)*

\* Address (line 1): \_\_\_\_\_

*(line 2-optional):* \_\_\_\_\_

\* City/State/Zip: \_\_\_\_\_  
(City) (State) (Zip Code)

Mail-to Address: *(Provide only if different from physical residence address OR if card is to be sent to organization/employer.) If no Mail-to Address required, check here \_\_\_\_\_.*

Address (line 1): \_\_\_\_\_

*(line 2-optional):* \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
(City) (State) (Zip Code)

\* Home or Cell phone Number: \_\_\_\_\_  
(Area code & Number)

Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

\* Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM) (DD) (YYYY)

*(To be completed by enrollment sponsor)*

Record Direct Deposit Account Information: \_\_\_\_\_ ("Bank" Acct Number – 13 digits )