LAWRENCE
MEMORIAL
CREDIT UNION

Application for VISA® CHECK/ DEBIT CARD

Note: If original card was lost or stolen, please call 1-800-472-3272 to report it.

___ New Card (Requires Checking Account) ___ Replacement Card ___ PIN Request Only

MEMBER INFORMATION (Please Print)

Account Number _____ Social Security Number _____

Last Name _____ First Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Email _____ Mother's Maiden Name _____

VISA® Check Card Daily Maximums:

Point-of-Sale (Retail Purchases) only:	$500 per day
ATM withdrawals:	$500 per day
Combination Point-of-Sale (POS) & ATM:	$500 POS plus $200 ATM or $500 ATM plus $200 POS

I/We hereby apply for a VISA® Check Card. By using the VISA® Check Card issued by the Credit Union upon approval of this application, I/we signify our agreement to be bound by the terms of the Electronic Funds Transfer (EFT) Customer Agreement and Disclosures, the receipt of which is hereby acknowledged.

Member Signature _____ Date _____

Please mail completed and signed form to: **Lawrence Memorial Credit Union**
365 Montauk Avenue
New London, CT 06320