



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 _____

Cell Phone _____ Home Phone _____

Work Phone _____ Mother's Maiden Name _____

Email _____

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 _____