



## 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 \_\_\_\_\_ Cell 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**