



VISA Debit Card Order Form

APPLICANT:

Account #: _____

First Name M.I. Last Name

Street

City State Zip

Social Security # Date of Birth

Mother's Maiden Name _____

CO-APPLICANT (if any):

First Name M.I. Last Name

Street

City State Zip

Social Security # Date of Birth

Cell Phone Number Email Address

Signature of Applicant Date

Signature of Co-Applicant Date

I/we understand that a copy of the full cardholder disclosure is available by calling or visiting the credit union office and that I/we) may obtain a copy at no cost without obligation to apply for a VISA Debit Card at any time. I/we agree to abide by the terms and conditions of the VISA Debit cardholder agreement. I/we also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in-Savings Act, as applicable. By completing this form, I/we agree to read the VISA Debit Card disclosure and abide by the terms and conditions of the agreement prior to using my card. I/we authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my/our credit standing in conjunction with my/our application for a VISA Debit Card.