

VISA® Check Card Application

Member Name _____

Share Account Number _____

Checking Account Number _____

Street Address _____

City _____

State _____

ZIP _____

Work Phone _____

Home Phone _____

Social Security Number _____

Mother's Maiden Name _____

Employer _____

Location _____

Number of Cards (circle): 1 2

By signing below, you agree to abide by the terms of the electronic funds transfer and cardholders agreement. If you have questions regarding the electronic funds transfer and cardholders agreement, please contact the Member Services Department at 1-800-540-8707. Consumer reports (credit reports) may be obtained in connection with this application. If you request 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Member Signature _____

Date _____

Joint Owner's Signature _____

Date _____

Allow two weeks for delivery. Your card(s) will be sent to you with instructions for use.

In order to issue a card to either party on a joint account, both owners must sign. If requesting a card for joint owner, please complete the following information for the JOINT OWNER.

Name _____

Social Security Number _____

Mother's Maiden Name _____

Home Phone _____

Work Phone _____

