

Visa Check Card Application

This application can be used to apply for a First Choice Financial Federal Credit Union Visa Check Card. IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO EITHER OWNER OF A JOINT ACCOUNT, EACH OWNER MUST FILL OUT A SEPARATE APPLICATION.

Cardholder _____ Soc. Sec. # _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

I wish to access this account for Check Card and ATM use:

Account# _____

Authorization: By signing below, I am applying for a First Choice Financial Federal Credit Union Visa Check Card. I understand that this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my First Choice Financial Federal Credit Union checking/savings account. I authorize First Choice Financial Federal Credit Union to verify the information provided above and to request a credit report if necessary. The First Choice Financial Federal Credit Union Visa Check Card is available for qualified members only. Other requirements apply. I agree to be bound by the terms and conditions covered in the appropriate Electronic Funds Transfers Agreement and Disclosure.

Signature _____ Date _____

FOR CU USE ONLY: Card# _____
Date Approved _____ By _____
Date Ordered _____ By _____ Verified By _____