



VISA Debit/ATM Card Application

| TYPE OF CARD REQUESTED | | | | |
|--|-------------|-----------------------------------|-------------------|--|
| Member Account #: | | | | |
| <input type="checkbox"/> VISA Debit Card | | <input type="checkbox"/> ATM Card | | |
| NOTE: For Joint Ownership, each individual must complete in full | | | | |
| PRIMARY ACCOUNTHOLDER INFORMATION | | | | |
| First Name | Middle Name | Last Name | Social Security # | |
| Mailing Address | | | Date of Birth | |
| City | State | Zip | Cell Phone # | |
| Home Phone # | | Work Phone # | | |
| Driver's License # | | | Issuing State | |
| JOINT ACCOUNTHOLDER INFORMATION | | | | |
| First Name | Middle Name | Last Name | Social Security # | |
| Mailing Address | | | Date of Birth | |
| City | State | Zip | Cell Phone # | |
| Home Phone # | | Work Phone # | | |
| Driver's License # | | | Issuing State | |
| AUTHORIZATION | | | | |
| <p>The undersigned below hereby certifies that the information is true and complete and is supplied to obtain an VISA Debit or ATM Card and hereby authorizes Providence Federal Credit Union to obtain a credit report in connection with this application. If you request, the Credit Union will provide the name and address of the credit bureau it obtained your credit report information.</p> <p>I hereby request Providence Federal Credit Union issue me/us a VISA Debit or ATM card. Upon my receipt of the card, I further agree that my signature upon the card shall constitute my/our agreement to the Electronic Funds Disclosure, the Membership Account Agreement, the Funds Availability Policy and the Truth-in-Savings Disclosure.</p> | | | | |
| PRIMARY CARDHOLDER SIGNATURE | | | DATE | |
| JOINT CARDHOLDER SIGNATURE | | | DATE | |
| CREDIT UNION USE ONLY | | | | |
| Beacon Score(s) _____ Last 4-digits on Card _____ Type of Card Approved: <input type="checkbox"/> VISA Debit <input type="checkbox"/> ATM | | | | |
| Employee's Initial _____ | | | | |