



APPLICATION FOR ATM CARD VISA CHECKCARD

(You must be at least 18 years of age to apply for the ATM or VISA CheckCard)

New Card **Replacement Card*** (Original was **Lost** **Stolen** **Defective**)

Member Name: _____

Last 4 Digits of SSN #: _____

Last 2 Digits of Account#: _____

Joint-Member Name: _____

Address: _____

City/State/Zip _____

Home Number: _____

Work Number: _____

I (we) understand that by using the ATM or VISA CheckCard the undersigned will be bound by the terms and conditions accompanying the card and all amendments. Please read the agreement prior to using the card.

Signature (required to issue card)

Date

Joint Signature

Date

** \$15.00 will be deducted from your account for a replacement card.*