



APPLICATION FOR VISA CHECKCARD

Must be at least 18 years of age to apply (16-17 years old with Joint Owner approval)

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

Member Name: _____

Home Phone: _____

Mailing Address: _____

Cell Phone: _____

City/State/Zip: _____

Last 2 digits of Acct#: _____

Additional Information:
(ex: Business Name, Joint Owner, etc.) _____

Last 4 digits of SSN#: _____

I (we) understand that by using the VISA Check Card 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 Owner Signature
(Required if 16-17 years old) _____ Date

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