Columbus United Federal Credit Union

BankingWithYou.com

VISA ® Check Card Application

Account Number _____

Member Name _____

Phone Number _____ Driver's License Number/State _____

Social Security Number _____ Birth Date _____

Employer _____ Employment Date _____

Card Details

Emboss Line One (21 Characters) _____

Emboss Line Two (businesses) _____

Shipping Address _____

City, State, ZIP Code _____

Card Holder Agreement

The above information is given to the Columbus United Federal Credit Union as a request for a Visa ® Check Card and a Personal Identification Number (PIN), I authorize the credit union to obtain information regarding my credit history. The above information is true and complete.

The person(s) who have signed this application request that the VISA ® Check Card be issued to them for the account designated. In the event that a card is issued, the applicant agrees:

1) Such card(s) will be used only if there is sufficient funds in the designated account(s) to cover transactions.
2) The use of such cards shall be in accordance with the rules provided by the credit union.
3) A replacement card will be issued in the event that the original card has been lost, stolen, or compromised.

Applicant's Signature _____ Date_____

Approved by _____ Date _____

Original Card Order Date   _____   **Original Bin Assigned   _____**