



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 _____				