



Visa Debit (Check) Card Request

I hereby request a VISA Debit Card. I understand I must have an active checking account in order to obtain a Debit Card.

Date: _____ Account Number: _____ Checking Suffix: _____

Member Name: _____

Address: _____
Street (Please include P.O. Box if one is used) (City) (State) (ZIP)

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security Number : _____

Mother's Maiden Name: _____
(Last name only for security purposes)

Member's Email Address: _____

Member Signature: _____

For Credit Union Use

Checking account status verified by: _____ Reason for replacement: _____

Debit card status verified by: _____ Member Info verified by: _____

* If card was lost or stolen, instruct member to call 1-800-472-3272 and do not submit order form. If card is damaged, collect card(s) from member and notate on form.

Visa Debit account opened by: _____ Date: _____



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