

VISA CHECK / DEBIT CARD APPLICATION

Name _____

Member # _____

Address _____

SSN#: _____

Hm. Ph#: _____

Driver. Lic.#: _____

Wk. Ph#: _____ Ext: _____

Date of Birth: _____

Mother Maiden Name: _____

Basic Requirements and Fees:

Minimum share balance: \$ 250.00

Annual Fee: \$10.00

Transactions: 1st 10 Free (monthly)

Each after: \$ 0.95

Each non-sufficient fund withdrawal \$25.00

Application is subject to credit verification

Signature:

Date:

(For office use only)

4228 9200 0001

\$

(Visa Check/Debit card acct.#)

(ATM Limit)

(Card expiration)

(Approved By)

(Donor acct.#)

(Date Reviewed)