

# VISA DEBIT CARD APPLICATION

New

Replacement

Account Number: \_\_\_\_\_

Replacement Card Fee \$5.00 \_\_\_\_\_  
(Please Initial)

Date: \_\_\_\_\_

## APPLICANT

## CO-APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City,State,Zip Code

\_\_\_\_\_  
City,State,Zip Code

\_\_\_\_\_  
Telephone: Home                  Work

\_\_\_\_\_  
Telephone: Home                  Work

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Address

I/We agree to be bound by the terms and conditions of the Electronic Funds Transfer Agreement and Disclosure that I will receive from Marshland Community Federal Credit Union. The signature(s) below authorize(s) Marshland Community Federal Credit Union to check credit, verify employment history and make other inquiries about this application.

\*\*Regular Share Account Agreement and Share Draft Account Agreement must be joint.

  X    
Applicant Signature

  X    
Co-Applicant Signature

CREDIT UNION USE ONLY	
***Complete Reg E Election form***	
Approved by _____	Member Number _____
Denied by _____	Card Number _____
No of Cards _____	Card Number _____
REVISED: 02/29/2012	Processed by _____