

Tulare County Federal Credit Union
VISA DEBIT (CHECK) CARD REQUEST

Reason For Request: New Card
(Circle One)

Additional Card(s)
for Joint Owner

Replacement

Incomplete Applications Cannot Be Processed

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: _____

Primary 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: _____
(mm/dd/yy)

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

Member's E-mail Address: _____

Member Signature: _____

Card for Joint Owner(s) Yes No

Joint Owner Names(s): _____

Joint Owner Social Security #: _____

Please refer to the Truth-In-Savings Agreement and Rate Schedule for disclosures and fees.

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 1-800-449-7728 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: _____