



VISA CHECK / DEBIT CARD APPLICATION

Name_____	Member #_____
Address_____	SSN# :_____
_____	Hm. Ph# :_____
Driver. Lic.# :_____	Wk. Ph# :_____ Ext:_____
Date of Birth :_____	Mother Maiden Name :_____
_____	Email :_____

Basic Requirements and Fees:
Minimum share balance: \$ 250.00
Annual Fee: \$10.00
Transactions: 1st 6 Free (monthly)
Each after: \$ 0.95
Each non-sufficient fund withdrawal \$25.00
Application is subject to credit verification

_____ Signature:	_____ Date:
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(For office use only)

4228 9200 0001 _____ (Visa Check/Debit card acct.#)	\$ _____ (ATM Limit)
_____ (Card expiration)	_____ (Approved By)
_____ (Donor acct.#)	_____ (Date Reviewed)