



UFCW LOCAL 1776 FEDERAL CREDIT UNION
VISA™ Check Card Application

Member's Account #: _____

Member's Name: _____

Address: _____

Social Security #: _____

Home Phone #: _____

Work Phone #: _____

By completing this application, I understand that I'm requesting a VISA Check Card from the UFCW Local 1776 Federal Credit Union and also acknowledge receipt of and agree to the terms of the Service Fee Schedule and the Electronic Funds Transfer Agreement, which governs the use of my VISA Check Card. I hereby authorize the UFCW Local 1776 Federal Credit Union or any credit reporting agency or any other investigation agency employed by the UFCW Local 1776 Federal Credit Union to investigate any reference given by the undersigned or statements or other data obtained from the undersigned or from any other person pertaining to the undersigned's credit and financial transactions or experiences.

PIN Requested (4 digits) _____

Applicant's Signature _____ Date _____

For Credit Union Use Only

Approved By _____ Member Verification _____

Card Number: _____