U. S. Postal Service
FEDERAL CREDIT UNION

7905 Malcolm Road - Suite 311
Clinton, MD 20735
(800) USPS-FCU (877-7328) Fax: (301) 856-4061

VISA Check Card Application

You must have a Credit Union Checking Account in order to apply for a VISA Check Card.

ACCOUNT NUMBER: _____

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	STREET ADDRESS		
MOTHER'S MAIDEN NAME	HOME PHONE	CITY	STATE	ZIP
CELL PHONE	WORK PHONE/EXT.	EMAIL ADDRESS		

PRESENT EMPLOYER

NAME AND ADDRESS OF EMPLOYER		
PHONE	YEARS THERE	JOB TITLE

JOINT OWNER INFORMATION

LAST NAME		FIRST NAME	MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER		

AGREEMENT

I/we hereby apply for and request issuance of a VISA Check Card to be used to access my/our funds in the Credit Union. In signing the application, I /we agree that use of the card shall be governed by the terms, conditions, and disclosures contained in the VISA Check Card Agreement and acknowledge receipt of that agreement. I confirm that I have read the Agreement and fully understand all of its terms, conditions, disclosures.

_____ _____   _____ _____
PRIMARY APPLICANT'S SIGNATURE   DATE   JOINT OWNERS SIGNATURE   DATE

FOR CREDIT UNION USE ONLY

Approved   **Declined - Comment:** _____

Card Number: _____

# of Cards: _____

Processed By: _____

Date: _____