

# VISA Check Card/ATM Card Request Form

MEMBER'S NAME (PRINT)

ADDRESS

CITY

STATE

ZIP

ACCOUNT NO.

HOME PHONE #

WORK PHONE #

E-MAIL ADDRESS

EMPLOYER

ADDRESS

CITY

STATE

ZIP

JOINT OWNER'S NAME (PRINT)

E-MAIL ADDRESS

EMPLOYER

ADDRESS

CITY

STATE

ZIP

## ADDRESS CORRECTION (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP

HOME PHONE #

WORK PHONE #

### ***If the account is joint, read pronouns as plural.***

*I hereby apply for the VISA Check Card in order to access my LOC Federal Credit Union account(s). I authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my credit history including a credit report. I understand and agree that the VISA Check Card is subject to the terms and conditions of the Electronic Funds Transaction Disclosure.*

*I understand that a LOC checking account is required. I also understand that withdrawals are limited to \$500 per day online. Check Card purchases are limited to \$1,000 of outstanding purchases online. Please forward VISA Check Card(s) to the parties listed above.*

X

MEMBER'S SIGNATURE

DATE

X

JOINT OWNER'S SIGNATURE

DATE

Check here if you do not have a LOC checking account. We will send you the necessary applications.

Check here if you are a Teen Club member, and we will contact you.