



# Visa Check Debit Card Application



## Community Financial Services Federal Credit Union

Applicant Information				Co-Applicant Information			
First Name	Initial	Last Name		First Name	Initial	Last Name	
Social Security Number		Date of Birth		Social Security Number		Date of Birth	
Checking Account Number				Checking Account Number			
Home Phone Number				Home Phone Number			
Work Phone				Work Phone			
Cell Phone				Cell Phone			
Current Street Address		Apt. No.	Since (Year)	Current Street Address		Apt. No.	Since (Year)
City		State	Zip	City		State	Zip

**PLEASE READ CAREFULLY BEFORE SIGNING** The information provided above is given so that the undersigned member(s) may obtain a Community Financial Services VISA Check Debit card. I/We certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my / our credit and deposit history, and furnish such information to others. I / We understand and agree that anyone in possession of my / our VISA Check / Debit card may access my / our account through the use of the VISA Check Debit Card. I / We agree to use the VISA Check Debit Card according to the rules provided by the Credit Union.

Applicant's Signature	Date	Co-Applicant's Signature	Date