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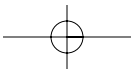


VIRGINIA BEACH SCHOOLS
FEDERAL CREDIT UNION
The *Smart* Financial Choice

VISA Check/ATM Card Application*

For Credit Union Use

Date: _____

Check Card: _____

ATM Card: _____

Appr Code: _____

DR Scrn: _____

Lns Current: _____

For Credit Union Use

Order: _____

Fee: _____

M820: _____

Stats: _____

Msg: _____

46: _____

PRIMARY ACCOUNT OWNER:

Account Number:_____

Name:_____ SSN:_____

Driver's License #:_____

Address:_____

City/State/Zip:_____

Date of Birth:_____

Home Telephone:_____

Work Telephone:_____ Other:_____

Mother's Maiden Name:_____

REASON FOR CARD ISSUANCE:

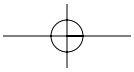
_____ New Card _____ Damaged _____ Name Change _____ Other

_____ Lost Card _____ Stolen Card _____ Add Joint

I/we acknowledge that I/we have received a copy of and understand the Virginia Beach Schools Federal Credit Union Electronic Funds Transfer Agreement and Disclosure and agree to abide by the terms and conditions therein. I/we further certify that the information provided is complete, true and submitted for the purpose of obtaining a VISA Check/ATM Card(s). I/we authorize you to verify any of the information provided through any lawful means to include obtaining a credit report.

_____
Primary Signature Date

***Subject to applicable fees**
Please see Current Fee Schedule



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VIRGINIA BEACH SCHOOLS FEDERAL CREDIT UNION

VISA Check/ATM Card Application*

For Credit Union Use

Date: _____

Check Card: _____

ATM Card: _____

Appr Code: _____

DR Scrn: _____

Lns Current: _____

For Credit Union Use

Order: _____

Fee: _____

M820: _____

Stats: _____

Msg: _____

33: _____

JOINT ACCOUNT OWNER:

Account Number:_____

Name:_____ SSN:_____

Driver's License #:_____

Address:_____

City/State/Zip:_____

Date of Birth:_____

Home Telephone:_____

Work Telephone:_____ Other:_____

Mother's Maiden Name:_____

REASON FOR CARD ISSUANCE:

_____ New Card _____ Damaged _____ Name Change _____ Other

_____ Lost Card _____ Stolen Card

I/we acknowledge that I/we have received a copy of and understand the Virginia Beach Schools Federal Credit Union Electronic Funds Transfer Agreement and Disclosure and agree to abide by the terms and conditions therein. I/we further certify that the information provided is complete, true and submitted for the purpose of obtaining a VISA Check/ATM Card(s). I/we authorize you to verify any of the information provided through any lawful means to include obtaining a credit report.

_____

Joint Signature Date

***Subject to applicable fees**
Please see Current Fee Schedule