

Visa® Check Card Application

Name

Address

City

State

Zip Code

Day Telephone #

Evening Telephone #

Member #

Social Security #

Additional Card for Joint Owner Yes No

Joint Owner Name

By signing this application or by use of this card, I/we hereby agree to be bound by the terms and conditions of the Electronic Fund Transfer Disclosure which I/we will receive with the card.

I/We understand that Check Card transactions will be withdrawn from my/our Checking Account. Further, I/we understand that if I/we do not qualify for a VISA® Check Card, Point Breeze Credit Union will accept this as an application for a standard ATM Card.

Member Signature

Date

Joint Owner Signature (If Applicable)

Date

If mailing application, please mail to: Point Breeze Credit Union,
ATTN: Visa Department, 2 Philadelphia Court, Baltimore, MD 21237