

Visa Check Card Application

Account Number:		
Name:	SS #:	Date of Birth:
Joint Name:	SS #:	Date of Birth:
Address:	City:	State: Zip:
Home Phone:	Work Phone:	

I understand and agree that I and all persons to whom I authorize additional cards to be issued:

- 1. Have received a copy of the Master Membership Agreement and Disclosure and that use of the Visa check card constitutes acceptance of its terms and conditions.
- 2. That signatures of additional cardholders must appear on my checking account signature card and be signed on this form.
- 3. That I and all persons who use the Visa check card for cash withdrawals or point of sale purchases are liable for collection and /or court costs of recovering funds to clear those transactions and withdrawals. Approvals with the debit card are based upon the balance your checking account currently has and if charges should come through on the account and funds are not available at that time, the charge will clear, but there will be a NSF fee assessed to my account.
- 4. I understand that if a loan on this account is delinquent for more than 15 days I will not be able to access funds in my account using this debit card (ie: transactions will be declined).
- 5. I/we authorize Partners Financial Federal Credit Union to investigate my/our credit standing upon opening or reviewing of my/our account. I/we authorize Partners Financial Federal Credit Union to disclose information regarding my/our account to credit bureaus and other creditors who inquire of PFFCU about my/our credit standing, to the extent authorized by the PFFCU Bylaws.

Signature:	Date:	Date:	
Joint Signature:	Date:		
Note: There may be a 60-day waiting peri	od for card issuance		
For Credit Union use only: Visa Check Card Number:		revised 12/2012	
Approved by:	Date:		
Ordered by:	Date:		
Date checking account opened: Chexsystems: Account Inquiry:			