



Visa® Debit Card Application

Complete all sections below



Applicant:

Full Name: _____

Street Address: _____

City, State, Zip: _____

Last 4 of SSN: _____

Home Phone Number: _____

E-mail Address: _____

Co-Applicant:

Full Name: _____

Street Address: _____

City, State, Zip: _____

Last 4 of SSN: _____

_____ Home Phone

Number: _____ E-mail

Address: _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges as set forth in the FLFCU Important Account Information for Our Members brochure and Fee Schedule. The undersigned agree(s) that all information is accurate and authorizes the Credit Union to verify credit by any necessary means, including preparation of a credit report by a credit reporting agency. I(We) accept full responsibility for security of my (our) PIN.

Please issue Prepaid Visa Card if I do not qualify for a Debit Card. Checking this box and by signing above, the undersigned request(s) the described service and agree to be bound by the Prepaid Card terms and conditions, which I (we) have received, governing the service including any fees and charges. I (We) accept full responsibility for security of my (our) PIN. The undersigned agree(s) that all information is accurate.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Deliver in person or by mail to:
Fort Liberty Federal Credit Union
P.O. Box 70240
Fort Liberty, NC 28307

CREDIT UNION USE ONLY

ODP Extended Coverage

Teller name: _____

Verifying teller name: _____

Date Received: _____

Approved Y/N: _____

Card number: _____