

# Visa Debit Card Application

Number of cards requested  1 card or  2 cards



## Applicant:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Alive CU Account Number: \_\_\_\_\_

## Co-Applicant:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Alive CU Account Number: \_\_\_\_\_

Request for:  New card(s)  Replacement card(s)

PLEASE REVIEW AND SIGN THE BACK OF THIS APPLICATION.

I/we hereby request that a Visa debit card(s) and a Personal Identification Number (PIN) be issued for the account and account holder(s) herein. The use of such card(s) will bind me to the terms and conditions of the Visa debit card agreement, my share draft/checking account agreement, and all other terms and conditions, or amendments, thereto, as may be established from time to time by the credit union and communicated to me in writing.

I authorize Alive Credit Union to check my credit and employment history and make whatever inquiries necessary in the course of granting the Visa debit card, reviewing its use, reissuance or cancellation. I understand Alive Credit Union will retain this application whether or not it is approved. I/we hereby acknowledge that I/we have received the Visa debit card agreement and disclosure statement.

**I/we agree to the terms specified above. Authorized signature required for each card requested. Two cards ordered only if account is in two names.**

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Signature

Date

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Signature

Date

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### **For Office Use Only**

Approved By

Date

Ordered By

Date