

VISA CheckCard Application

Please print.

I hereby request that I be issued a VISA CheckCard and Personal Identification Number (PIN) for use with the card. I understand that the use of my VISA CheckCard shall be governed by the terms of the Membership and Account Agreement, bylaws, rules, regulations or applicable law, and such other terms, conditions, and/or amendments as may be established from time to time and communicated to me in writing.

X _____ Date _____
Applicant's signature

Name _____

Mailing address _____

City _____ State & Zip _____

Physical address _____

City _____ State & Zip _____

Check here if this is a new address

Day phone _____ Cell phone _____

MVFCU Acct.# _____ Share draft checking ID _____

1. Savings type (*choose only one*) Regular savings (99) Money market (20)

2. Do you wish to have a Line of Credit on this card? yes no

Name of responsible party (*if applicant is under 18*) _____

X _____ Date _____
Responsible party's signature

Please review the above application for accuracy. Remember to sign your name at the top and obtain responsible party information if applicable. Then simply drop this application at any MVFCU Community Office or mail to:

My VISA CheckCard • 1020 South Bailey Street • Palmer, AK 99645

You will soon receive your VISA CheckCard in the mail, followed by your Personal Identification Number (PIN).

For more information, please call 745-4891 or 694-4891.

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government.

