

BFSFCU® VISA® DEBIT CARD APPLICATION



(Please Print Legibly)

CHECKING ACCOUNT NUMBER

NAME

PRIMARY MAILING ADDRESS

CITY

STATE/COUNTRY

ZIP CODE/COUNTRY CODE

EMAIL

DAYTIME PHONE NUMBER

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HOME PHONE

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The information on this application is true and complete. I authorize Bank-Fund Staff Federal Credit Union® to verify all information and to obtain a credit report, if necessary, to assist in the review process for this application. By signing below, I agree to the terms and conditions of the Cardholder's Agreement and Disclosure. Bank-Fund Staff Federal Credit Union reserves the right to amend the Agreement from time to time.

Please issue a BFSFCU Visa Debit Card for my Checking Account.

_____ / /
 Checking Account Owner **Signature** Date (MM/DD/YY)

If applicant is under 18 years of age, a Parent/Guardian signature is required.

_____ / /
 Parent/Guardian **Signature** Date (MM/DD/YY)

Please issue an additional BFSFCU Visa Debit Card for my **Joint Account Owner**.

 Please **PRINT** Joint Account Owner Name

Sign me up for **Member Rewards** (optional). I understand that a low annual program fee of \$19 will apply.

_____ / /
 Checking Account Owner **Signature** Date (MM/DD/YY)