

Application for CU24[®] VISA[®] CHECK CARD

Name _____

Address _____

Years There _____

Home Phone () _____

Date of Birth _____

Social Security # _____

Mother's Maiden Name _____

Joint Owner's
Social Security # _____

Joint Owner's
Mother's Maiden Name _____

Business Information

Employed By _____

Position _____

Address _____

Business Phone () _____

Account # _____

By signing below, you agree to abide by the terms of the electronic funds transfer and cardholders agreement. Consumer reports (credit reports) may be obtained in connection with this application. If you request, (1) you will be informed whether or not consumer reports were obtained; and (2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Signature **X** _____

Date _____

Signature **X** _____

Date _____

*In order to issue a card to either signer
of a joint account, both owners must sign.*