

**VISA Debit Card Application**

Reliant Federal Credit Union

4015 Plaza Drive Casper, WY 82604 (307) 234-1429 www.ReliantFCU.com

 Individual Account    Joint Account    Individual Account with Authorized User   Member Account #:**If you are applying for a debit card in your name only, do not complete portion on co-applicant**

Applicant Name (Last, First, Middle)				Co-Applicant Name (Last, First, Middle)			
Mailing Address			How Long?	Mailing Address			How Long?
City, State, Zip				City, State, Zip			
Previous Home Address			How Long?	Previous Home Address			How Long?
Home Phone #		Birth Date		Home Phone #		Birth Date	
Social Security #				Social Security #			
Employer		Position	How Long?	Employer		Position	How Long?
Business Phone #	Gross Annual Salary or Net Monthly Pay			Business Phone #	Gross Annual Salary or Net Monthly Pay		

Please issue cards in the following names:

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

*Visa Debit Service:* All purchases made with this card through VISA merchant may be charged immediately to your Checking Account

I (we) request that a VISA Debit Card be issued in accordance with the information stated above. I (we) promise that everything I (we) stated in this application is correct to the best of my (our) knowledge. I (we) authorize the Credit Union to check my (our) credit and employment history, and to answer questions about its credit experience with me (us). By signing below I (we) acknowledge receipt of the "Terms and Conditions for Electronic Funds Transfers" and agree to the terms and conditions as set forth therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<i>For Credit Union Use Only</i>	Approved	Rejected	<i>For Credit Union Use Only</i>
	By: _____		
	Date: _____		
	Card Number: _____		
	Ordered by: _____		
Date: _____			