

VISA DEBIT CARD Application

You must have a Credit Union Checking Account in order to apply for a VISA Check Card.

Member Name

Account Number

Mother's Maiden Name

Social Security Number

Birth Date

Home Telephone Number (Required)

Work Telephone Number / Cell Number (Required)

E-mail

Address

Apt. #

City

State

Zip

Name of Employer

Address of Employer

City

State

Zip

Joint Owner Name

Social Security Number

Birth Date

I/We certify the information above is correct and submitted for the purpose of obtaining a N.J.L. & P.S. Credit Union VISA Check Card. I/We agree that any and all shares in the Credit Union are pledged for any debts and loans owed to the Credit Union.

Member Signature

Date

Joint Owner Signature

Date

For Credit Union Use Only

Approved Declined

Card # _____ Processed By _____

O Cards _____ Date _____

▶ DETACH HERE, FOLD, TAPE AND MAIL TO THE CREDIT UNION