

**VISA® CHECK CARD
APPLICATION**

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No.:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.:
Home Phone:	Date of Birth:
Work Phone:	Mother's Maiden Name:
E-mail:	
Employer:	

ACCOUNT OWNERSHIP	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	Mother's Maiden Name:
Work Phone:	E-mail:

AUTHORIZATION

By signing below, I understand and agree that I and all persons who hold additional cards issued to me may access my share draft account through Henrico Federal Credit Union and VISA® automatic teller machines as well this Check Card for purchases anywhere VISA® is accepted; that signatures of additional cardholders must appear on my Account Card and be signed on this form; that I will receive a copy of the Check Card agreement; that use of my card will constitute acceptance of its terms and conditions; that the use of any other ATM not owned by Henrico Federal Credit Union may cost \$1.00 per transaction; and that Henrico Federal Credit Union may acquire a copy of my credit report for approval.

RESPONSIBILITY – As the adult member (age 18+), you are responsible for all transactions made with the Check Card or transactions you authorize another person to make with the Check Card. For example, the adult member is responsible for transactions made by yourself, your spouse and minor children. You are also responsible for transactions made by anyone else to whom you give the Check Card, and this responsibility continues until the Check Card is recovered. You cannot disclaim responsibility by notifying us, but we will close the account for new transactions if you so request and return all Check Cards. Any person using the Check Card is jointly responsible with you for transactions he or she makes, but if that person signs the Check Card, he or she becomes a party to this agreement and is jointly responsible for all transactions, including yours.

X	_____	X	_____
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY	
Employee's Initials: _____	Date: _____
Link to: <u>S1 and</u>	
ID Method: _____	ID Type: _____
Member has been positively identified and the Check Card request was made in person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Card Replacement (\$5 Fee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Check Card was lost or stolen, member must contact PSCU at 1-800-449-7728.	