

Panhandle Educators Federal Credit Union
VISA Check Card Application

Application Information:

Name: First, Middle Initial, Last _____ Member Number _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Current Street Address _____ Apt No. _____ City, State, Zip _____ Time @ Current Address _____

Previous Address (if less than 12 months) _____

Mail card to this address (if different from street address) _____

Employer _____ Position/Title _____ Time @ Job _____

Home phone #: _____ Work #: _____ Cell #: _____

I certify that the information provided is true and complete. I also authorize Panhandle Educators Federal Credit Union to verify or obtain information the Credit Union may determine necessary concerning my credit standing. I understand the VISA Check Card transactions will be withdrawn from my checking account. I further understand that Panhandle Educators Federal Credit Union may terminate access to the VISA Check Card Program if I break any agreement(s) that I have made with Panhandle Educators Federal Credit Union.

I hereby acknowledge and agree to be bound by the Panhandle Educators Federal Credit Union Terms and Agreement by use of one VISA Check Card and any amendments made from time to time.

Applicant Signature/Date _____

(For office only)

- ___ NEW CARD & PIN ON NEW ACCOUNT
- ___ DUPLICATE CARD
- ___ NEW CARD TO REPLACE LOST OR STOLEN CARD
- ___ HOT CARD/MEMBER LOST OR STOLEN
- ___ DELETE FROM FILE
- ___ FEE CHARGED FOR REPLACEMENT

CHECK CARD #:

Initials _____

Card # _____