

Visa Check Card Application.

Please list your accounts that will be associated with your Visa® Check Card:

Checking: _____

Savings: _____

For Financial Institution Use Only

Processed by _____

Date Processed _____

Location _____

Date Approved _____

Applicant.

First Name Middle Last Social Security No. Date of Birth Mother's Maiden Name

Address City State Zip Code Years at address Home Phone Business Phone

Previous Address (if less than 2 years at current address) City State Zip Code

Present Employer Or Business (if retired, list former) Years at Business Gross Monthly Salary

Source Of Other Income Amount Annual

\$ Monthly

Note: Income from alimony, child support or separate maintenance payment need not be revealed if you do not choose to disclose it as income.

Signature.

This information is given to obtain the Visa Check Card and is true and complete. I authorize you to verify the information contained on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize use the card, I agree to the terms and conditions of the agreement that governs the use of the Visa Check Card. I will receive a copy of the agreement when I receive my card. I understand that the financial institution may assess service charges for the privilege of having a Visa Check Card. I understand if my checking account becomes overdrawn due to a Visa Check Card transaction, an overdraft fee may be charged.

Applicant's Signature _____

Date _____

Choose A Personal Identification Number.

Your Personal Identification Number (PIN) allows you to use your Visa Check Card at ATMs. Be sure to pick a number that is easy to remember.

Select your PIN using any four numbers _____