



Visa® Check Card/ATM Card Application

Name

Address

City

State

Zip Code

Daytime Telephone No.

Evening Telephone No.

Member No.

Social Security No.

Additional Card for Joint Owner Yes No

Joint Owner Name

By signing this application or by use of this card, I/we hereby agree to be bound by the terms and conditions of the Electronic Funds Transfer Disclosure which I/we received with the card.

I/we understand that Check Card transactions will be withdrawn from my/our Checking Account. Further, I/we understand that if I/we do not qualify for a Check Card, Point Breeze Credit Union will accept this as an application for a standard ATM Card.

Member Signature

Date

Joint Owner Signature (if applicable)

Date

**If mailing application, please mail to:
Point Breeze Credit Union, ATTN: Visa Department, 2 Philadelphia Court, Baltimore, MD 21237**