



VISA® Debit Card / ATM Card Application

☐ Please mail me my VISA Debit Card ☐ Please create my VISA Debit Card via Instant Issue

☐ Please mail me my ATM card

Member Number: _____ **Account Number:** _____

Cardholder Name: _____

Social Security Number: _____

Address: _____

Primary Phone Number: _____

Cell Phone Number: _____

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

I understand that Debit Card transactions will be withdrawn from my Point Breeze checking account. Further, I understand that if I do not qualify for a Visa® Debit Card, Point Breeze Credit Union will accept this as an application for a standard ATM card.

Cardholder Signature

Date

If mailing application, please mail to: Point Breeze Credit Union,
ATTN: Visa Department, 11104 McCormick Road, Hunt Valley, MD 21031

Credit Union Use Only		
Member Verification (<i>Instant Issue only</i>)	Employee Verification 1	Employee Verification 2
ID Type Used to Verify:	Ownership Verified by (Employee Name):	Ownership Verified by (Employee Name):
Issued by:	Initials:	Initials:
ID Number:	Date:	Date:
ID Expiration Date:	Address/phone confirmed:	Address/phone confirmed: