



## **BFSFCU Visa® Debit Member Rewards Enrollment Form**

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Member Name

Member Number

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Email Address

Phone Number

**Yes**, I would like to enroll in the BFSFCU Visa® Debit Member Rewards program. I understand that there is an annual fee of \$19, which will be charged to my checking account within 60 days of program enrollment and that every Visa Debit Card issued under my member number AND is connected to a checking account in which I am the primary account owner, will be included in the Debit Rewards program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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We will gladly accept this form:

- In person: World Bank Main Complex Branch  
IMF HQ2 Branch  
IFC Branch
- By fax: 202-683-2380
- By mail: Bank-Fund Staff Federal Credit Union  
Attn: Member Relations  
1725 I Street NW, Suite 150  
Washington, DC 20006

If you have any questions or concerns regarding this form, please visit one of our branch locations during normal business hours or call us 24x7 at 202-212-6400