

## BFSFCU® VISA® DEBIT CARD APPLICATION



(Please Print Legibly)

CHECKING ACCOUNT NUMBER
SAVINGS ACCOUNT NUMBER
NAME
PRIMARY MAILING ADDRESS
CITY
STATE/COUNTRY
ZIP CODE/COUNTRY CODE
EMAIL
DAYTIME PHONE NUMBER (       )
HOME PHONE (       )

The information on this application is true and complete. I authorize Bank-Fund Staff Federal Credit Union® to verify all information and to obtain a credit report, if necessary, to assist in the review process for this application. By signing below, I agree to the terms and conditions of the Cardholder's Agreement and Disclosure. Bank-Fund Staff Federal Credit Union reserves the right to amend the Agreement from time to time.

Please issue a BFSFCU Visa Debit Card for my Checking Account.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Checking Account Owner **Signature**                      Date (MM/DD/YY)

If applicant is under 18 years of age, a Parent/Guardian signature is required.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian **Signature**                      Date (MM/DD/YY)

Please issue an additional BFSFCU Visa Debit Card for my **Joint Account Owner**.

\_\_\_\_\_  
 Please **PRINT** Joint Account Owner Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Joint Account Owner **Signature**                      Date (MM/DD/YY)

Sign me up for **Member Rewards** (optional). I understand that a low annual program fee of \$19 will apply.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Checking Account Owner **Signature**                      Date (MM/DD/YY)