



Edco Federal Credit Union

VISA® Debit Card Application



Primary Member Information

First Name	MI	Last Name	Social Security #	Date Of Birth	
Street Address	City		State	Zip	Employment
Home Phone	Cell Phone		Work Phone		

Secondary Member Information

First Name	MI	Last Name	Social Security #	Date Of Birth	
Street Address	City		State	Zip Code	Employment
Home Phone	Cell Phone		Work Phone		

Account Types	Account Number
Main Share Draft Checking	
Share Savings	
2nd Share Draft Checking	
2nd Share Savings	

A personal information number (PIN) will be issued. You as responsible party **AGREE NOT TO WRITE YOUR PIN NUMBER ON YOUR CARD AND NOT TO KEEP YOUR PIN NUMBER ANY PLACE WHERE IT MAY BE FOUND WITH YOUR CARD.** Please issue me/us in the name (s) indicated above, an Edco Federal Credit Union VISA® Debit card (s). I understand that an initial charge of \$2.00 may be deducted from our share draft checking account for each card requested. I/We state that the above information is true and complete. I/We authorize Edco to make whatever credit inquiries it deems necessary in connection with this application or involving any review or collection of this account established for my/our use. I/We authorize any person or consumer reporting agency to compile and furnish issuing Credit Union the disclosures required by the Federal Truth In Lending Act and Regulation Z of the Board of Governors of the Federal Reserve System. I/We acknowledge receipt of copy of the Electronic Funds Transfer Agreement and Disclosures applicable to the accounts and service requested herein. I/We understand that by signing, using or permitting another to use the VISA® Debit Card(s) the applicant and joint applicant will be bound by the terms and conditions of said agreement.

Primary Member's Signature _____ Date _____ Joint Member's Signature _____ Date _____