



VISA/ATM DEBIT CARD REQUEST

Member Account Social Security Number Date of Birth Work Number

Name Cell Number Home Number

Street Address City, State and Zip

Complete only if you are requesting a second card.

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Name Cell Number Home Number

I/We request that the credit union issue me/us a validated PFCU VISA ATM/Debit Card. I/We understand PFCU will issue me/us a PIN; that each use of the card at a merchant or with the PIN at an automated teller machine shall be deemed to be my/our written authorization to charge or credit my/our account for the amount and type of transaction indicated at the time of use; and that all transactions are subject to PFCU's account agreement for my/our account. I/We will immediately notify PFCU should my/our card and or PIN become lost or stolen. I/We declare the information set forth to be true, complete and provided for the purpose of obtaining the service requested. I/We authorize PFCU to obtain information from others concerning my credit standing and other relevant information impacting on this application and to provide to others information about its experience with me/us. I/We agree that if this request is accepted and ATM/Debit card(s) are issued, any use of the card(s) will be governed by the terms and conditions of Partnership Financial Credit Union agreement and disclosure. I/We authorize PFCU to amend the terms and conditions of said Card Agreement upon written notice.

Signature Date

Co-Applicant Date

Credit Union Use Only: New Member Existing Member CBR 625+ Card#

Cash/Debit Card Limit: New Member \$305/\$2,500

CWS completed by Date: