



VISA CHECK CARD APPLICATION

<input type="checkbox"/> NEW CARD	<input type="checkbox"/> EXISTING CARD	<input type="checkbox"/> INCREASE LIMIT
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Applicant

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET ADDRESS

APARTMENT NO./P.O. BOX NO.

CITY, STATE, ZIP CODE + 4-DIGIT ADD ON

HOME TELEPHONE WORK TELEPHONE

CELL #

IMPORTANT
Read cardholder agreement enclosed and remember to sign your application.

RECORD YOUR PIN HERE

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No Q or Z, please.
Please select all letters or all numbers.

Combined POS and Cash
Withdrawal Limit
\$305.00

Increase:

F.I. Use Only	REMARKS	Mother's Maiden Name:
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Account Information	TYPE	ACCOUNT NUMBER
	Draft 101	____ _ 7 7
	Shares 201	____ _ 0 1

Signature(s) Required

I hereby acknowledge that I have received a copy of your VISA Check Cardholder Agreement and that I have read, understand and agree to be legally bound by the terms and conditions of such Agreement. In addition, I/we hereby authorize First Class FCU to obtain a credit report to check my/our credit history for any or all services. I also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act. Members 16 & 17 years of age can obtain a VISA Check Card with signature of a parent/guardian.

APPLICANT'S SIGNATURE DATE PARENT/GUARDIAN SIGNATURE DATE

F.I. Use Only	SPECIAL HANDLING _ (P) Pull Card _ (D) Demo Card	PARTICIPANT ID/CARD PREFIX	PREPARED BY DATE	APPROVED BY DATE
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VISA® is a registered trademark.