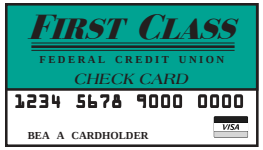

FIRST CLASS
FEDERAL CREDIT UNION

APPLICATION

☐ STAR/ATM ☐ VISA CHECK CARD
☐ NEW CARD ☐ EXISTING CARD ☐ INCREASE LIMIT

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

RECORD YOUR PIN HERE

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

Combined POS and Cash Withdrawal Limit
$305.00

Increase: _____

Applicant

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET ADDRESS

APARTMENT NO./P.O. BOX NO.

CITY, STATE, ZIP CODE

( ) DAY TELEPHONE ( ) EVENING TELEPHONE

F.I. Use Only REMARKS

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.

Electronic signature via internet. APPLICANT'S SIGNATURE DATE

Electronic signature via internet. 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