

Visa Check Card Application

Cardholder ID# _____

Primary Name _____

Joint Name _____

Mailing Address _____

City _____

State _____ Zip _____

Primary Social Security # _____

Joint Social Security # _____

Primary Cell Phone (_____) _____

Joint Cell Phone (_____) _____

Home Phone (_____) _____ Work (_____) _____

Email Address _____

Email Address _____

Checking Account # _____

Other Account Suffixes to be accessed with card: _____ / _____ / _____

Primary Card Design # _____ Description _____

Joint Card Design # _____ Description _____

_____ I do NOT want Northeast Community Credit Union to authorize and pay overdrafts on my ATM and everyday check card transactions.

_____ I want Northeast Community Credit Union to authorize and pay overdrafts on my ATM and everyday check card transactions

By signing below, you agree to all credit union terms and conditions pertaining to account transactions. We recommend when you use your card for purchases, you should SIGN (rather than just using a PIN) whenever you have a choice. Terms may change without notice; see your Account Information and Disclosures booklet including fee Schedule for more information.

Primary Signature _____ Date _____

Joint Signature _____ Date _____

For Empl Use: ODP Option Maint by _____ on _____

For Repl: Deleted old card _____ Fee? _____