



202 Taughannock Blvd.  
Ste. 1B  
Ithaca, NY 14850  
Phone: 607-272-8567  
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## Visa Debit Card Application

Member Name: \_\_\_\_\_  
Account # \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

### Joint Owner Information

Joint Owner Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

I/We are hereby applying for the Visa Debit Card and acknowledge that I/We agree to terms and conditions of the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that occur. I/We authorize the Credit Union to run a credit report. I/We understand we will receive complete disclosures from the Credit Union upon approval of my/our application.

Member Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_  
Date: \_\_\_\_\_