



# MAUI COUNTY EMPLOYEES FEDERAL CREDIT UNION VISA CHECK CARD APPLICATION

- new  
 reissue

Account No. \_\_\_\_\_

Member Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Mailing Address (if different from home address) \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years on this job \_\_\_\_\_

Joint Owner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Mailing Address (if different from home address) \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years on the job \_\_\_\_\_

By completing this application and signing below, you certify that the information on this application is correct to the best of your knowledge. You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies. If approved, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR CREDIT UNION USE ONLY:

Date \_\_\_\_\_ Approved/Ordered by \_\_\_\_\_ Credit Score(s) \_\_\_\_\_

Share Draft Open Date \_\_\_\_\_ 6 month NSF/OD \_\_\_\_\_ Date Card Ordered \_\_\_\_\_

VISA Check Card Number(s) \_\_\_\_\_ Received by \_\_\_\_\_