



VISA DEBIT CARD APPLICATION

Account Number
Member Name Social Security Number Date of Birth
Home Address City State/ Zip Code
Mailing Address (if different from home address) City State/ Zip Code
Home Phone Work Phone Mother's Maiden Name
Employer Position Years on this job

JOINT OWNER

Joint Owner Social Security Number Date of Birth
Home Address City State/ Zip Code
Mailing Address (if different from home address) City State/ Zip Code
Home Phone Work Phone Mother's Maiden Name
Employer Position Years on this job

By completing this application and signing below, you certify that the information on this application is correct to the best of your knowledge and authorize Maui County Federal Credit Union to check your account history. When 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 Received by
Share Draft Open Date Card Ordered Date
VISA Debit Card Number(s) Ordered by