



105 Sanford Street • Hamden, CT 06514 • (203) 288-1695 • FAX (203) 230-9435

## VISA DEBIT CARD APPLICATION

### Personal Information

Please complete all information. Use capital letters and print clearly. Only one (1) card per signer.

Cardholder 1 Name: \_\_\_\_\_  
First Last MI (optional)

Cardholder 2 Name: \_\_\_\_\_  
First Last MI (optional)

Mailing Address: \_\_\_\_\_

Credit Union  
Use Only

Order Date:  
\_\_\_\_\_

City State ZIP

Member Number: \_\_\_\_\_ Number of Cards: \_\_\_\_\_

### Signatures:

Authorized Signer/Cardholder 1: \_\_\_\_\_

Authorized Signer 2: \_\_\_\_\_

### ----- INFORMATION ABOUT YOUR DEBIT CARD

1. Your debit card will be received in five to ten business days.
2. Upon receiving your card, you will need to call to activate it from a number that was previously provided to the Credit Union. Please verify you have up to date contact information listed with the credit union.
3. You will be prompted to select a PIN automatically after successful activation over the phone.