



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

CROSSPOINT
Federal Credit Union

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

City State ZIP

Order Date:

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.