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

**200 Orange Street • New Haven, CT 06510 • (203) 946-8700 • FAX (203) 946-8702**

**501 Crescent Street • New Haven, CT 06510 • (203)392-9900 • FAX (203) 392-9905**

**249 West Main Street • Branford, CT 06405 • (203) 786-6410 • FAX (203) 483-4290**

**VISA DEBIT/ATM CARD APPLICATION**

**(Check your selection)** **NEW**  **ATM CARD**

**REPLACEMENT**  **VISA DEBIT CARD**

Personal Information

Please complete all informal 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:

**PLEASE NOTE:** There will be a $7 replacement fee when reordering your card(s). The Credit Union will waive the $7 replacement fee for stolen cards only.

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**INFORMATION ABOUT YOUR CARD**

1. Your debit card will be received in seven 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