



VISA Debit Card Application

<input type="checkbox"/>	Yes! I have an MCCCCU Checking Account and am applying for a VISA Debit Card
<input type="checkbox"/>	Yes! I am applying for an MCCCCU Checking Account and a VISA Debit Card

Please Check one:

- New Card:
 New Applicant Adding Joint Owner
 Replacement Card:
 Name Change Damaged Card

To report a lost or stolen Visa Check card please call toll free within US: (888) 241-2510.

Member Account Number	
Primary Member Name	
Last 4 digits Social Security Number	
Daytime Phone Number	()
Evening Phone Number	()
Joint Member Name	
Address	
City , State	
Zip Code	

By signing below, I(We) authorize Media City Community CU to verify or obtain further information concerning my (our) credit history. If this application is approved and MCCCCU VISA Debit Card is issued to me (us), I (we) understand that by signing, using or permitting another to use the MCCCCU VISA Debit Card, signifies my (our) acknowledgement of the receipt of the MCCCCU Electronic Services Disclosure and Agreement and all amendments and I(we) agree to be bound by the terms and conditions accompanying the MCCCCU VISA Check Card and all amendments.

Member Signature Date

For CU Use Only: Debit Card Ordered by: _____ (User #): _____ Date: _____

Fax to: 818-238-2979