



VISA Check Card Application

Please print all information clearly

Please read the disclosure handed

APPLICANT

Account# _____

First Name M.I. Last Name

Street

City State Zip

Social Security # Birth Date

Daytime Phone Evening Phone

Mother's Maiden Name

CO-APPLICANT (if any)

First Name M.I. Last Name

Street

City State Zip

Social Security # Birth Date

Daytime Phone Evening Phone

I (we) understand that a copy of the full cardholder disclosure is available by calling or visiting the credit union office and that I (we) may obtain a copy at no cost without obligation to apply for a VISA Check Card at any time. I (we) agree to abide by the terms and conditions of the VISA Check cardholder agreement. I (we) also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in-Savings Act, as applicable. I (we) understand Advanced Financial Federal Credit Union may terminate this agreement at any time. By completing this application, I (we) agree to read the VISA Check Card disclosure and abide by the terms and conditions of the agreement prior to using my card. I (we) authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing in conjunction with my (our) application for a VISA Check Card.

ADVANCED FINANCIAL FEDERAL CREDIT UNION

785 Central Avenue

New Providence, NJ 07974

1-800-237-5626

Fax: (908) 709-7356

Applicant Date

Co-Applicant Date