

Instructions: Complete this form, sign and return to Air Force FCU. You may take it to any branch, fax it to **210.678.5291**, or mail it to Air Force FCU Member Services, 1560 Cable Ranch Road, Suite 200, San Antonio, TX 78245. You may also email an electronic version to **memberservices@airforcefcu.com**.

PRIMARY CARDHOLDER ACCOUNT INFORMATION

NAME		EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE ZIP
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME PHONE	WORK PHONE	MOBILE PHONE	

JOINT ACCOUNT OWNERS INFORMATION

1. JOINT OWNERS NAME		EMAIL ADDRESS	
DATE OF BIRTH		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
2. ADDITIONAL JOINT OWNERS NAME		EMAIL ADDRESS	
DATE OF BIRTH		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

AGREEMENT

I hereby make application for the Air Force Federal Credit Union ("Credit Union") VISA Debit Card to access the account indicated above. I will select my Personal Identification Number (PIN) and be responsible for keeping it a secret. I will not write it on anything, tell my PIN to anyone, or allow anyone to watch when using it.

In addition, I hereby authorize you to provide a Debit Card to the Joint Owner(s) named on this application. I am aware and agree that any joint owner may obtain and use my Debit Card on this account. I further understand that when using another financial institution's ATMs, I may be charged a fee by them for using their ATM. If I am charged a fee, it should be disclosed by the institution prior to completing any transaction and, that by completing my transaction, I am agreeing to the fee being charged. I also understand that I will be charged a fee by the Credit Union when using an ATM not owned by the Air Force Federal Credit Union.

I certify that all of the information I have provided above is true and complete. By signing below, I agree to be bound by the Air Force Federal Credit Union Electronic Funds Transfer (EFT) Agreement and Disclosures which detail my liability and responsibility in the use of the Debit Card and for reporting the loss or theft of the Debit Card. I understand that the EFT Agreement and Disclosures will be provided to me before I receive my Debit Card. I further agree that my use of a Visa Debit Card is subject to the Credit Union's Account Agreement, rules, policies, and bylaws now in effect and as amended from time to time.

PRIMARY CARDHOLDER SIGNATURE _____

DATE _____



Your savings federally insured to at least \$250,000 by the National Credit Union Administration, a U.S. Government Agency, and backed by the full faith and credit of the United States Government.



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.

FOR OFFICE USE ONLY

VISA DEBIT CARD PROCESSED BY: (EMPLOYEE SIGNATURE) _____ DATE _____

SELECT YOUR FOUR-DIGIT PERSONAL IDENTIFICATION NUMBER:

For your protection, Air Force FCU will destroy this portion of your application after it has been processed. Once assigned, this PIN can only be changed by bringing the card into one of the Credit Union offices.

SELECT YOUR PIN:

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