

ASFCU VISA CHECK CARD APPLICATION

Name: _____

Account #: _____

Address: _____

City/State: _____ Zip: _____

SSN: _____

Drivers License #: _____

Home Phone: _____

Work Phone: _____

Signature: _____

Joint Owner

Name: _____

Account #: _____

Address: _____

City/State: _____ Zip: _____

SSN: _____

Drivers License #: _____

Home Phone: _____

Work Phone: _____

Signature: _____

I hereby certify that all statements made are true and submitted for the purpose of obtaining credit, whether completed by me or by the Credit Union at my direction. In considering this application, the Credit Union may request and use a report from outside credit reporting agencies. They may also ask a reporting agency for other such reports in connection with renewal or continuation of the credit for which I am applying.

Upon request the Credit Union will supply the name and address of the credit bureau providing such information. I acknowledge notice of this disclosure. If this application is approved and a card(s) is issued, I (we) agree by signing, using, or permitting another to use the card(s) to be bound by the Cardholder Agreement I will receive by mail.

751 Chambers Road • Aurora, CO 80011

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