

# VISA Check Card Application

Email or Mail signed form to LCRA Credit Union

--Email To: memberservices@lcracu.org  
--Mail To: P.O. Box 19138, Austin TX 78760

Member Account Number:

Date of Birth:

Checking Account Type (Circle One): 75 76 77 78

First Name:

M.I.:

Last Name:

(If you provide an address that is different than the one we have on file, it must be verified before your Debit Card is issued)

Street Address:

City:

State:

Zip:

Mailing Address: (if different from street address)

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Primary Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADDITIONAL CARD FOR JOINT OWNER ONLY:

Date of Birth:

Name on Card:

Primary Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon receipt of this completed and signed form, the credit union will verify address changes, verify your signature and verify joint owners on additional cards requested. When verifications are complete, the credit union will order your VISA Check Card. Your VISA Check Card will be mailed to you at the address on file. A PIN will be mailed to you separately and arrive a few days after your card. You will need to ACTIVATE your card before it can be used for all transactions. To activate, take your card to an ATM machine or perform a transaction using your PIN. There may be a fee to activate the card.

### FOR CREDIT UNION USE ONLY

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Verified: \_\_\_\_\_ Address Verified: \_\_\_\_\_ Joint Verified: \_\_\_\_\_ CP Opt In/Out Completed: \_\_\_\_\_

Processed: \_\_\_\_\_ Letter Mailed: \_\_\_\_\_

CARD NUMBER: 4 7 6 7 2 8 \_\_\_\_\_

CARD NUMBER/ADDITIONAL CARD: 4 7 6 7 2 8 \_\_\_\_\_