



MAUI COUNTY EMPLOYEES FEDERAL CREDIT UNION VISA CHECK CARD APPLICATION

new
 reissue

Account No. _____

Member Name _____ Social Security Number _____ Date of Birth _____

Home Address _____ City _____ State/Zip _____

Mailing Address (if different from home address) _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

Employer _____ Position _____ Years on this job _____

Joint Owner _____ Social Security Number _____ Date of Birth _____

Home Address _____ City _____ State/Zip _____

Mailing Address (if different from home address) _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____ Mother's Maiden Name _____

Employer _____ Position _____ Years on the job _____

By completing this application and signing below, you certify that the information on this application is correct to the best of your knowledge. You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies. If approved, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

Member's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

FOR CREDIT UNION USE ONLY:		
Date _____	Approved/Ordered by _____	Credit Score(s) _____
Share Draft Open Date _____	6 month NSF/OD _____	Date Card Ordered _____
VISA Check Card Number(s) _____	Received by _____	