



HUCU VISA Debit Card Request

Account Number: _____

Member Name: _____

Street Address: _____

City/ State/ Zip: _____

Cell Phone # _____

Secondary Phone # _____

Email Address: _____

By signing below, You are requesting the convenience of 24-hour access to Your Credit Union Account by VISA Debit Card in conjunction with a Personal identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You also certify that the information above is complete and true. If approved for the requested VISA Debit Card, you acknowledge receipt of and agree to the term of HUCU's Agreements and Disclosures, Electronic Services Agreement and Disclosure, provided to you at account opening and as requested thereafter.

X _____
Signature of Member

Date

For CU Use:

Approved _____ Card ordered _____ Member over 16 YO _____

Denied? Notice Sent _____