Visa Check Card Application. Please list your accounts that will be associated with your Visa® Check Card: For Financial Institution Use Only Processed by____ Checking:__ Date Processed Location_ Savings:_ Date Approved___ Applicant. First Name Middle Social Security No. Date of Birth Mother's Maiden Name Last Home Phone Address City State Zip Code Years at address **Business Phone** Previous Address (if less than 2 years at current address) City Present Employer Or Business (if retired, list former) Years at Business Gross Monthly Salary Source Of Other Income Amount □ Annual \$ □ Monthly Note: Income from alimony, child support or separate maintenance payment need not be revealed if you do not choose to disclose it as income. Signature. This information is given to obtain the Visa Check Card and is true and complete. I authorize you to verify the information contained on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize use the card, I agree to the terms and conditions of the agreement that governs the use of the Visa Check Card. I will receive a copy of the agreement when I receive my card. I understand that the financial institution may assess service charges for the privilege of having a Visa Check Card. I understand if my checking account becomes overdrawn due to a Visa Check Card transaction, an overdraft fee may be charged. Applicant's Signature Date

Choose A Personal Identification Number.

Your Personal Identification Number (PIN) allows you to use your Visa Check Card at ATMs. Be sure to pick a number that is easy to remember.

Select your PIN using any four numbers ______ _ ____.