



# VISA CHECK CARD APPLICATION



Social Security No.

Name \_\_\_\_\_ | \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ / \_\_\_\_\_ Work Phone \_\_\_\_\_ / \_\_\_\_\_

Savings Acct. No. \_\_\_\_\_

No. of Cards \_\_\_\_\_ Name of Joint Owner \_\_\_\_\_

## Visa Check Card Authorization

I understand that if I or another account owner give a card and/or the confidential PIN to another person, he or she will be able to make withdrawals from the account or withdrawals for purchases from the account (and if I have a Kwik Cash Loan, withdrawals may create loans) for which I shall be responsible.

I agree that retention or use of the card will constitute acceptance of the card rules which will be issued to me with the card.

Notice: If you are a party to a joint account, you appoint each other party as your attorney with power to appoint one or more agents with power to use the Card to make withdrawals from such account, and each is individually and jointly responsible for any obligations incurred from the use of the Card, including use by any other person authorized by any of you.

All account owners/users must sign.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

*Office Use Only:*  
Visa Check Card \_\_\_\_\_  
Officer's Approval \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Our Mailing Address

Brokaw Credit Union  
PO Box 151  
Brokaw, WI 54417  
tel: 715-675-2319  
fax: 715-675-5511