



Visa® CHECKMATE DEBIT CARD APPLICATION

Note: You must have a checking account at UVA Community Credit Union to be eligible for a Visa® CheckMate debit card.

PERSONAL INFORMATION (complete information will expedite your request)

CU Account Number Number of Cards Requested

Last Name First Name Middle Initial

Mailing Address City State ZIP

Day Phone Number Evening Phone Number

Joint Owner's Last Name First Name Middle Initial

Mailing Address City State ZIP

Day Phone Number Evening Phone Number

I hereby certify and warrant that the statements made by me in this application are true and correct, and I have read the disclosures and notice below: I/we understand that I/we am/are the only individual(s) to use the card(s). I/we further understand that when I/we receive my/our card and that my/our use of the card will constitute my/our agreement with its terms and conditions set forth in the EFT Disclosure Statement. I/we understand that Visa® CheckMate debit card is NOT a credit card and that the dollar amount of my/our purchases will be deducted directly from my/our checking account. I/we authorize the credit union to verify the information provided above. I/we understand that all persons who hold additional cards issued to me may access my savings, checking, and line-of-credit accounts through any Automated Teller Machines (ATMs) that are members of CULIANCE, PLUS, Visa and AFFN networks. Signature of additional cardholders must appear on my membership/checking account signature card.

Applicant's Signature Date

Joint Owner Signature (if applicable) Date