



*An educated choice*

## VISA CREDIT CARD ONLINE AUTHORIZATION FORM

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1. I/we agree that all the information in this application is true and complete. You understand that 18 U.S.C. Chapter 1014 makes it a federal crime to knowingly make false statements on the application.
2. The Tobacco Valley Teachers Federal Credit Union (TVTFCU) has my/our permission to check this application and may retain this application even if the Visa Credit Card (loan) is not approved.
3. I/we authorize the TVTFCU to obtain information from others about my/our credit and to answer questions and requests from others seeking credit or experience information about me/us and my/our accounts with TVTFCU.
4. I/we understand that when I/we receive my/our Visa Credit Card Agreement, I/we will read the terms and conditions contained in the agreement and all amendments. If this is a joint application, the undersigned must have a share in the credit union and shall be jointly and severally liable for any and all credit extended from time to time.
5. Right of Offset: If I/we are in default, the TVTFCU may take money out of my Savings Account, Checking Account or other deposit account to make my/our Visa Credit Card account current.

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APPLICANT NAME (Please Print)

DATE

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APPLICANT SIGNATURE

DATE

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CO-APPLICANT NAME (Please Print)

DATE

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CO-APPLICANT SIGNATURE

DATE

P 860-253-4780  
P 800-749-8305  
F 860-253-4785

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