



An educated choice

VISA ATM/DEBIT CARD ORDER FORM

Please print all information.

Account Number _____ Date _____

PRIMARY APPLICANT

First Name _____ Last Name _____

Last 4 Digits of SS# _____ Email _____

Primary Phone Cell Home

Secondary Phone Cell Home

Street _____

City _____ State _____ Zip Code _____

JOINT APPLICANT

First Name _____ Last Name _____

Last 4 Digits of SS# _____ Email _____

Primary Phone Cell Home

Secondary Phone Cell Home

Street _____

City _____ State _____ Zip Code _____

Reason _____

I acknowledge that I will receive my VISA ATM/Debit Card by mail. I acknowledge that I will review the credit union's *Terms & Conditions, Electronic Transfers, Funds Availability, Truth in Savings:* on their web site _____ as a printed copy _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

PRIMARY APPLICANT SIGNATURE

JOINT APPLICANT SIGNATURE

FOR CREDIT UNION USE ONLY:

CU Staff Name _____ Date _____ Rev. 2/25

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

182 South Road
Enfield, CT 06082

www.tvtfcu.org

