



An educated choice

VISA ATM/DEBIT CARD ORDER FORM

Please print all information.

Account Number _____ Date _____

Primary Applicant Name (Please print)

Last 4 Digits of SS# _____

Primary Phone _____

Cell Home

Secondary Phone _____

Cell Home

Email _____

Street _____

City _____

State _____

Zip Code _____

Joint Applicant Name (Please print)

Last 4 Digits of SS# _____

Primary Phone _____

Cell Home

Secondary Phone _____

Cell Home

Email _____

Street _____

City _____

State _____

Zip Code _____

Reason _____

P 860-253-4780

P 800-749-8305

F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

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 _____

Primary Applicant Signature _____

Joint Applicant Signature _____

