



An educated choice

VISA TRUTH ACKNOWLEDGEMENT & AUTHORIZATION FORM

I acknowledge that all the information in this application is true and complete. I understand that 18 U.S.C. Chapter 1014 makes it a federal crime to knowingly make false statements on this application. The Tobacco Valley Teachers Federal Credit Union has my permission to check this application and may retain this application even if the loan is not approved.

I authorize the Tobacco Valley Teachers Federal Credit Union to obtain information from others about my credit and to answer questions and requests from others seeking credit or experience information about me or my accounts here at the credit union.

I understand that when I receive my Visa Credit Card Agreement, I will read the terms and conditions for said agreement and my use of the Visa Credit Card will constitute acceptance of the terms and conditions contained in the agreement and all future amendments. If this is a joint application, the undersigned must have a share in the Tobacco Valley Teachers Federal Credit Union and be jointly and severally liable for any and all credit extended from time to time.

Right of Offset: If I am default, the Tobacco Valley Teachers Federal Credit Union may withdraw money from my checking account, savings account or other deposit account to make my Visa account current.

APPLICANT NAME (Please Print) DATE

APPLICANT SIGNATURE DATE

CO-APPLICANT NAME (Please Print) DATE

CO-APPLICANT SIGNATURE DATE

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P 800-749-8305
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