



Application for Visa Debit Card or ATM Card

Please print, complete and return form to Princeton Federal Credit Union

(First card is free - \$10.00 per replacement card)

Please check one box for card type:

VISA Debit Card *(must have a Checking Account)* **ATM Card**

Please check one box for reason for card issuance:

First Card **Replacement for Lost/Stolen Card**

If Lost/stolen Date reported to PFCU: _____

Applicant Name (Last, First M)

Co-Applicant Name (Must be joint owner/member on all accounts accessible with this card)

Address

City/State/Zip

Phone Number Cell/Home/Work (circle one)

Member Account Number

I/We hereby acknowledge that I/we have received a copy of the VISA Debit Card/ATM Card Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Agreement. I/We also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Funds Act.

Applicant Signature and Date