



**DVAFCU VISA
Check Card and
ATM Card Request**

✓ Check One:

VISA Check Card

ATM Card

ACCOUNT NUMBER

NAME

HOME ADDRESS

WORK PHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

Everything that I have stated in this application is correct to the best of my knowledge.

If applying for a VISA Check Card, I authorize DVAFCU to check my credit and employment history, and obtain a credit report. I understand that it may be a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code

I understand that my signature constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with my account(s). I agree to the terms and conditions as disclosed to me by the Credit Union.

If you are not approved for a VISA Check Card, you may be approved for an ATM Card.

Signature

Date

Return this application to your nearest DVAFCU office or mail it to:
Dept. of Veterans Affairs FCU • Attn.: Card Services
810 Vermont Avenue, NW (831) • Washington, DC 20420