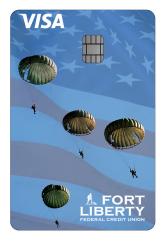


Visa[®] Debit Card Application

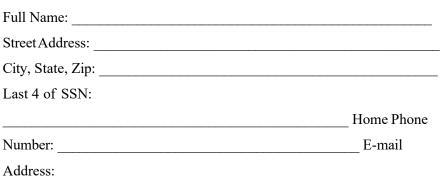
Complete all sections below



Rev. 06/21

Applicant:

Full Name:
Street Address:
City, State, Zip:
Last 4 of SSN:
Home Phone Number:
E-mail Address:
Co-Applicant:



Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges as set forth in the FLFCU Important Account Information for Our Members brochure and Fee Schedule. The undersigned agree(s) that all information is accurate and authorizes the Credit Union to verify credit by any necessary means, including preparation of a credit report by a credit reporting agency. I(We)accept full responsibility for security of my(our) PIN.

□ Please issue Prepaid Visa Card if I do not qualify for a Debit Card. Checking this box and by signing above, the undersigned request(s) the described service and agree to be bound by the Prepaid Card terms and conditions, which I (we) have received, governing the service including any fees and charges. I (We) accept full responsibility for security of my (our) PIN. The undersigned agree(s) that all information is accurate.

Applicant's Signature

Co-Applicant's Signature

Date

Date

Deliver in person or by mail to: Fort Liberty Federal Credit Union P.O. Box 70240 Fort Liberty, NC 28307

CREDIT UNION USE ONLY

ODP Extended Coverage
Teller name:
Verifying teller name:
Date Received:
Approved Y/N:
Card number: