



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

Joint Applicant Name (Please print) \_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_

Primary Phone \_\_\_\_\_  Cell  Home

Secondary Phone \_\_\_\_\_  Cell  Home

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason \_\_\_\_\_

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 \_\_\_\_\_

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P 800-749-8305  
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