



Debit Card Application

I/We hereby request Envision Credit Union to issue a Visa Debit Card in the name of the person(s) stated below to be connected to the below mentioned account.

Account Details

Consumer Business Member #: _____ Suffix: _____

Cardholder Information

*Cardholder #1 Name: _____

Social Security/EIN #: _____ Phone #: _____

Signature: _____ Date: _____

*Cardholder #2 Name: _____

Social Security #: _____ Phone #: _____

Signature: _____ Date: _____

*Cardholder #3 Name: _____

Social Security #: _____ Phone #: _____

Signature: _____ Date: _____

*Cardholder #4 Name: _____

Social Security #: _____ Phone #: _____

Signature: _____ Date: _____

* 21 character limit

I acknowledge and agree to have all aforementioned authorized user(s) of a VISA debit card issued under my account number and name. I understand that as an authorized user, he/she will have full access to, but not limited to my share, checking, line of credit loan or any other accounts accessible with my card from time to time at designated automated teller machines, point-of-sale terminals, and VISA authorization terminals. I understand and acknowledge that this agreement may be revoked by me at any time in writing, and that the access card issued to the authorized user may be surrendered to the Credit Union at the time of revocation. Authorized transactions performed by the authorized user, up to the date of revocation and acceptance to the Credit Union, shall be valid and binding on my account pursuant to all terms of this application agreement and the Credit Union's electronic funds transfer disclosure. I agree that any joint owner/authorized user who has possession of my VISA debit card is authorized to change my PIN (Personal Identification Number). A fee will be assessed for each replacement and joint user card issued as indicated in the fees for services schedule.

Member/Authorized Signer Signature: _____ Date: _____