



LM Federal Credit Union

101 Chesapeake Park Plaza • Baltimore, MD 21220

410-687-5240 • 800-410-0501

lmfcu.org

VISA CHECK CARD APPLICATION

C.U. ACCOUNT NUMBER _____

PRIMARY MEMBER NAME _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ STATE: _____

DAY-TIME PHONE# _____ EVENING # _____

DATE OF BIRTH: _____

JOINT OWNER NAME _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ STATE: _____

DAY-TIME PHONE# _____ EVENING # _____

DATE OF BIRTH: _____

IS JOINT OWNER ON SHARE ACCOUNT? _____

(If joint is not on share account he/she cannot access the share/savings with the ATM card)

The information provided above is given so that the undersigned member(s) may obtain a LM Federal Credit Union Visa Check card. I/we certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our deposit history, and furnish such information to others. I/we authorize the Credit Union to obtain credit reports in connection with this application and for any update, renewal or reconsideration required. If you request, the Credit Union will tell you the name, address and phone number of any credit bureau from which it received a credit report on you. I/we understand and agree that anyone in possession of my/our Visa check card may access my/our account(s) through use of the card. I/we agree to use the card in accordance with current and future rules and regulations as provided by the Credit Union. I/we understand that card access privileges may be revoked for cause at any time by the Credit Union.

PRIMARY MEMBER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____