



Visa® Debit Card Application

Member Number: _____ Member Name: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

Email: _____ Phone: _____

Joint Member Applicant (must be a joint owner on the checking/ prime share account associated with the debit card)

Joint Member Name: _____

Social Security Number: _____

Joint Date of Birth: _____

Phone Number: _____

Email: _____

Joint Address: _____

☐ Same
address
as above

By signing below, you are applying for a Visa® debit card to access the account(s) identified above. You request a debit card(s) be issued, renewed and replaced until you give SAFE Federal Credit Union notice to cease issuance. You agree to be bound by the terms of and acknowledge receipt of the Disclosure, Membership, Account and Account Services Agreement, Electronic Funds Transfer Agreement, Rate Schedule and Truth-in-Savings Disclosures and Fee Schedule, as may be amended from time to time, and of which are incorporated by reference herein. If this debit card is issued to a minor, you take full responsibility for any and all transactions.

Primary Member Signature

Primary Member Name (Print)

Date

Joint Member Signature

Joint Member Name (Print)

Date

FOR INTERNAL USE ONLY

Primary Debit Card Number: _____

Joint Debit Card Number: _____

Mailing Instructions: Instant _____ Share Access: _____ Limit: _____

Zero Offline: ☐ Yes ☐ No Processed By (Teller Number): _____ Date Processed: _____