USSCO Federal Credit Union Visa® Debit Card Application

Please check one: [ ] New Applicant [ ] Adding Joint Owner

Replacement Card for: [ ] Name Change [ ] Damaged Card [ ] Lost or Stolen Card

Member Identification # _____ Primary Phone _____

The checking account number provided is the account your USSCO Visa® Debit Card will access when making purchases and using ATMs.

Your Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Joint Owner's Name _____ Social Security # _____

IMPORTANT INFORMATION. PLEASE READ.

In order to activate your new card and select your own PIN, you will be required to enter the last four digits of your Social Security Number, your date of birth, and your telephone number. Please verify that the information on our records is correct.

Please read before signing: I [We] authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my [our] credit history. If this application is approved and a USSCO Visa® Debit Card is issued, the undersigned applicant[s], by signing, using, or permitting another to use the USSCO Visa® Debit Card agree to be bound by the terms and conditions accompanying the USSCO Visa ® Debit Card and all amendments.

The undersigned hereby acknowledges that the signing, using, or permitting another to use the USSCO Visa® Debit Card represents an acknowledgement of the USSCO Visa® Debit Card Agreement and all amendments and further represents the acceptance of the terms and conditions of the USSCO Visa® Debit Card Agreement and all amendments.

New Checking Accounts must be in good standing with an account balance before cards are ordered.

_____

Your Signature Date

_____

Joint Owner Signature Date

USSCO Federal Credit Union

Visa® Debit Card Application

IBelong Federally Insured by the NCUA

Revised 7-20-17