

ATM/VISA CHECK CARD APPLICATION

Account No.		
Member Name		
Street		
City/St/Zip		
Home Phone	Work Phone	Cell Phone

Joint Owner Information (if applicable)

Joint Owner		
Street		
City/St/Zip		
Home Phone	Work Phone	Cell Phone

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining a ATM card or a Visa Check Card. If approved for either card, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement and Disclosure.

Member's Signature _____

Date _____

Joint Owner's Signature _____

Date _____

Mail to: Mountain Empire FCU
1413 N Main St
Marion, VA 24354

or FAX to: 276-783-9303

For credit union use only:	
Approved by: _____	Member verification _____
Access card _____	PIN Requested _____