Affinia FCU
P.O. Box 1005
Dayton, OH 45401
(937) 485-0160

Visa® Check (Debit) Card Application

APPLICANT INFORMATION

This section must be complete for application processing.

Last Name | First Name | M

Birth Date | Social Security Number

Address

City | State | Zip Code

Daytime Phone | Evening Phone | Cell Phone

E-Mail Address | Mother's Maiden Name

FOR CREDIT UNION USE ONLY

☐ Approved: _____ (date) ☐ Declined: _____ (date) Notice Sent: _____ (date)

Card Number: | | | | | | | | | | | | | | | |

App. entered in system: _____ (date) _____ Initials

ACCOUNT INFORMATION

I wish to access the following accounts with this card:

#	Account Name	Account Number	Account Suffix
1	Primary Share Draft (Checking)		
2	Primary Share Savings		
3	Subsidiary Checking/Savings		

I understand that I am the only individual authorized to use the card and that use of this card signifies agreement to the terms and conditions set forth in the ATM/VISA Check Card Agreement and Disclosure that I have received.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and to answer questions about your credit and account experience with me.

"The Ohio Laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law."

Applicant Signature | Date

Please print application and mail to: Affinia Federal Credit Union, P.O. box 1005, Dayton, OH 45401-1005, or interoffice to OHA2 01-55