



VISA CHECK CARD APPLICATION



Name _____ Social Security No. | _____ - _____ - _____ Date of Birth _____

Joint Owner _____ Social Security No. | _____ - _____ - _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Acct. No. _____

Checking Acct. No. _____

Visa Check Card Authorization

I understand that if I or another account owner give a card and/or the confidential PIN to another person, he or she will be able to make withdrawals from the account or withdrawals for purchases from the account (and if I have a Kwik Cash Loan, withdrawals may create loans) for which I shall be responsible.

I agree that retention or use of the card will constitute acceptance of the card rules which have been issued to me with this application.

Notice: If you are a party to a joint account, you appoint each other party as your attorney with power to appoint one or more agents with power to use the Card to make withdrawals from such account, and each is individually and jointly responsible for any obligations incurred from the use of the Card, including use by any other person authorized by any of you.

All account owners/users must sign.

Signature Date

Signature Date

Office Use Only:
Visa Check Card _____
Officer's Approval _____ Date ____/____/____

Our Mailing Address

Brokaw Credit Union
PO Box 199
Weston, WI 54476
tel: 715-359-7012
fax: 715-355-5295