



FWCCU VISA CHECK CARD APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Work Phone _____

FWCCU Account Number _____ Date of Birth _____

Social Security Number _____ Employer _____

1. I authorize Florida West Coast Credit Union (FWCCU) to make financial transactions for me and any authorized joint owner(s) on my account when it receives the proper electronic impulses through the Automated Teller and VISA Check Card system. I agree to accept that the Credit Union may treat the entry of instructions accompanied by my Personal Identification Number (PIN) plus use of my card bearing the chip pattern assigned to me and any future replacement cards as the same as my written authorization to withdraw funds from my account or other order as applicable bearing my genuine signature.
2. I assume all responsibility to the limits allowed by law for each use of the card, my PIN, or the magnetic pattern assigned by FWCCU until I have notified the credit union not to honor those transactions.
3. I understand that all references on the attached disclosure refer to an application for a FWCCU Visa Check Card and not an application for a credit
4. I understand that I should not allow any other person to use my card. If you allow anyone else to use your VISA Check Card you will be liable for any charges made by such per
5. I understand that any authorized person(s) issued a FWCCU VISA Check Card will have access to ALL of the accounts tied to my checking account with FWCCU. This could include savings accounts and established lines lines of credit. This access is due to overdraft protection on your checking account that is available at ATM terminals that offer access to selective accounts.

By signing below, I (we) have read and understand the conditions of the application and have received a copy of the FWCCU Check Card agreement (Regulation E disclosure). I also authorize FWCCU to request a copy of my credit report and I understand that I may not qualify for a Visa Check card with FWCCU due to prior credit.

Member Signature _____

If mailing please return to: **FLORIDA WEST COAST CREDIT UNION**
1225 MILLENNIUM PARKWAY
BRANDON, FL 33511

PLEASE PROVIDE MEMBER WITH REGULATION E DISCLOSURE

OFFICE USE ONLY:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	CREDIT UNION SIGNATURE: