

VISA Check Card Application

Applicant

Member Account Number _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Social Security # _____ Date of Birth _____

Employer _____

I wish my Personal Identification Number to be:

Co-Applicant

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Social Security # _____ Date of Birth _____

Employer _____

I wish my Personal Identification Number to be:

Signatures: By signing below, the undersigned requests(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Mail completed form to: Mid American Credit Union, 8404 West Kellogg Drive, Wichita, KS 67209