



84 Wadsworth Street  
 Hartford, CT 06106  
 860-522-5388  
 www.CSECreditUnion.com

## VISA DEBIT CARD APPLICATION

Please complete and submit this application to any CSE branch location or mail to the address listed above. Retain attached Regulation E Disclosure and VISA Debit Cardholder Agreement for your records. For a joint owner to receive a Card, he/she must be a joint owner on both the share and share draft accounts.

### MEMBER INFORMATION

Member Name:

Member Number:

Date of Birth:

Address:

Home Phone:

Cell Phone:

### REQUEST FOR ADDITIONAL CARD(S) FOR JOINT OWNER

I request a VISA Debit Card for the following joint owner:

Joint Owner Name:

Social Security Number:

Date of Birth:

Address:

Home Phone:

Cell Phone:

### ACKNOWLEDGMENT

Please send me, and any joint owner listed above, a CSE Credit Union VISA Debit Card. I have read the attached disclosure in compliance with Regulation E and agree to all terms and conditions of the cardholder agreement.

I understand that point-of-sale (POS) transactions can only be made from my share draft (checking) account.

X

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Joint Owner Signature

Date

X

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Member Signature

Date