



27 West Main Street • PO Box 300 • Fillmore, NY 14735
(585) 567-4103 • Fax (585) 567-8993

VISA Debit Card Application

OWNERSHIP INFORMATION		
Account Number:	Date Opened:	
PRIMARY MEMBER INFORMATION		
Primary Member Name:		
<small>First Name</small>	<small>MI</small>	<small>Last Name</small>
Street: <small>(required)</small>	SSN:	Date of Birth:
PO Box:	Driver's License ID No.:	
City/State/Zip:	Home Phone No.:	
Email:	Cell Phone No.:	
JOINT OWNER ONE INFORMATION		
Joint One Member Name:		
<small>First Name</small>	<small>MI</small>	<small>Last Name</small>
Street: <small>(required)</small>	SSN:	Date of Birth:
PO Box:	Driver's License ID No.:	
City/State/Zip:	Home Phone No.:	
Email:	Cell Phone No.:	
JOINT OWNER TWO INFORMATION		
Joint Two Member Name:		
<small>First Name</small>	<small>MI</small>	<small>Last Name</small>
Street: <small>(required)</small>	SSN:	Date of Birth:
PO Box:	Driver's License ID No.:	
City/State/Zip:	Home Phone No.:	
Email:	Cell Phone No.:	
AUTHORIZATION		
<p>By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. You agree: (a) that Allegany First FCU can use credit reporting agencies or otherwise verify the information on this application for the purpose of extending credit or services to you or review or collecting on a loan account of yours: (b) that Allegany First FCU can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, Allegany First FCU will tell you the name and address of any credit reporting agency from which it received a credit report on you. If approved for the requested debit card services, you acknowledge receipt of and agree to the terms of this Debit Card Agreement.</p>		
_____ Signature/Primary Member	_____ Signature/Joint Owner 1	_____ Signature/Joint Owner 2
Date:	Date:	Date: