



VISA Debit Card Application

Mail / Drop off ORIGINAL form to: Wailuku FCU 133 Ma'a St. Kahului, HI 96732

Questions, please call 808.244.7981

_____ New Request Card & PIN (Telecheck Code: _____)

_____ Replacement Card

_____ Replacement PIN

Card # (Last 4 digits):

Primary Member Information

Member Name:		Account No.	
Mailing Address:			
City, State, Zip:			
Phone #		Alternate #:	

Joint Account Holder Information

Joint Owner Name:			
Phone #:		Alternate #:	

Send Card(s) To: ___ Address on file ___ Alternate Address ___ Credit Union. Member will pickup

Alternate Address:

I certify that everything I have stated in this application is correct to the best of my knowledge and that the above information is complete. I authorize Wailuku FCU to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on all applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____