

**CVPH Employees Federal Credit Union**

**75 Beekman Street**

**Plattsburgh, New York 12901**

**Phone: 518-562-7030 Fax: 518-562-7744**

**Visa Debit Card Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Share Draft #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

By signing below, I understand and agree to the rules and regulations of having and using a debit card with the Credit Union. My VISA debit card is guaranteed funds so I understand that I will use caution when using my card online. I, as the member could be responsible for fraudulent activity if the company does not return my money to me. I agree that I am the only person who is able to use the card since my name is the only name on the card. If my card is lost or stolen, I will contact the Credit Union as soon as possible to close the card to avoid possible fraud on the card. I will receive the debit card in the mail in 7 to 10 business days and will be given instructions on how to active the card. Please ask for an Account Fees Brochure for more details on fees that I could possibly be charged with my new VISA debit card. I, also understand and agree to that if I continue to abuse my use of my card that the Credit Union has the right to close my card and it will not be reactivated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_