

Visa Check Card Application

Applicant

Account Number _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

SSN# _____ DOB _____

Employer _____

Co- Applicant

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

SSN# _____ DOB _____

Employer _____

Signatures: By signing below, the undersigned request(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 authorized the financial institution to verify credit and employment history y any necessary means, including preparation of a credit reporting agency.

Applicant's Signature

Co-Applicant's Signature

Mail or Deliver to:
St. John's Employees Credit Union
PO Box 11145
Springfield, MO 65808

Approved _____ By _____ Date _____