

University of Michigan Credit Union VISA Check Card Application

Please print this application, fill it out, and mail, fax, or bring it to any office. Once approved, your check card will be mailed to you within 2 - 3 weeks. The PIN will be mailed separately several days later. To review and print a copy of the VISA Check Card Agreement, click here: [VISA Check Card Agreement](#).

UMCU Account Number _____

Card 1:

Name (Print) _____

Employer _____

Day/Work Phone Number (_____) _____

Card 2:

Name (Print) _____

Employer _____

Day/Work Phone Number (_____) _____

Only names of owners of the account may be embossed on a VISA check card.

I/We hereby acknowledge receipt of the VISA Check Card Agreement and agree to the terms and conditions contained therein. I/We give authorization to my/our employer(s) to release any employment verification to the credit union. I/We hereby authorize the credit union to check my/our credit and employment history and answer questions about the credit union's credit experience with me/us.

Signature _____

Date _____

Signature _____

Date _____

All owners of the account must sign this agreement.

Home Phone Number (_____) _____

Overdraft Protection Options

List the priority of your overdraft protection options. (1 = first choice, 2 = second choice, 3 = third choice, 4 - fourth choice). See number 6 on the VISA check card agreement for fees.

Priority Number	Account Type	Account Number
_____	Share	_____
_____	Savings	_____
_____	Share	_____
_____	Savings	_____
_____	Another	_____
_____	Checking	_____
_____	Another	_____
_____	Checking	_____
_____	VISA	_____
_____	Credit	_____
_____	Card	_____

Credit Union Use Only:

_____ Approved _____ Denied

Employee _____ Date _____

Card Number _____



Accounts federally insured up to \$100,000 by NCUA, an agency of the U.S. Government



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.