




VISA ATM/DEBIT CARD & CHECK REQUEST

MEMBER NUMBER _____

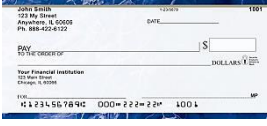
ATM CARD (SAVINGS ONLY) VISA DEBIT CARD **Please issue a card for joint owner(s)** 1 2

CHECKS:


NONE DUPLICATES SINGLES



FLORAL



CLASSIC



AWARENESS

CANCER
 BREAST CANCER
 HEART DISEASE
 AUTISM

PRIMARY MEMBER INFORMATION PLEASE TYPE OR PRINT CLEARLY

PRIMARY MEMBER NAME/BUSINESS				PRIMARY SOCIAL SECURITY/TAX ID NUMBER	
HOME PHONE	WORK PHONE	CELL PHONE	DOB	MOTHERS MAIDEN NAME	
STREET ADDRESS (REQUIRED)		CITY	STATE	ZIP	
MAILING ADDRESS- IF DIFFERENT FROM ABOVE		CITY	STATE	ZIP	
GOVERNMENT ISSUED ID #			EXP DATE	STATE OF ISSUE	
EMAIL ADDRESS					

****OPTIONAL** JOINT ACCOUNT HOLDER INFORMATION (SECOND SIGNER)**

JOINT MEMBER NAME				PRIMARY SOCIAL SECURITY/TAX ID NUMBER	
HOME PHONE	WORK PHONE	CELL PHONE	DOB	MOTHERS MAIDEN NAME	
STREET ADDRESS (REQUIRED)		CITY	STATE	ZIP	
MAILING ADDRESS- IF DIFFERENT FROM ABOVE		CITY	STATE	ZIP	
GOVERNMENT ISSUED ID #			EXP DATE	STATE OF ISSUE	
EMAIL ADDRESS					

In accordance with the USA Patriot Act (Section 326): To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person that opens an account.

I/We authorize The Florist Federal Credit Union to obtain information from consumer reporting agencies and to obtain copies of my credit report, now and in the future, in order to determine my eligibility for membership, products and services offered by or through The Florist FCU. I understand that you may contact me for further information, and that this application must be completed fully for The Florist FCU to process my request. You may obtain information about me and give credit information to others. I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy Disclosures, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

SIGNATURES **ALL SIGNERS ON THE ACCOUNT MUST PROVIDE A COPY OF THEIR GOVERNMENT ISSUED ID.**

PRIMARY ACCOUNT HOLDER— <u>SIGN AND PRINT</u>	DATE
JOINT ACCOUNT HOLDER— <u>SIGN AND PRINT</u>	DATE

PLEASE RETURN COMPLETED FORMS TO • The Florist FCU • P.O. Box 2202 • Roswell, NM 88202
 Phone: 575-622-0560 • Fax: 575-627-6530 • info@thefloristfcu.org