

VISA DEBIT / ATM CARD APPLICATION

Fax application to 734-466-6151 or mail to :
 Zeal Credit Union - Remote Services
 P.O. Box 51700, Livonia, MI 48151



Account Number # _____		ATM / Visa Debit # _____	
Please Issue: Visa Debit Card Number of Cards <input type="checkbox"/> 1 <input type="checkbox"/> 2		ATM Card	
<input type="checkbox"/> New Visa Debit Card* and PIN <input type="checkbox"/> Replacement Card (must state reason for replacement) <input type="checkbox"/> Lost / Stolen <input type="checkbox"/> Damaged (cracked, worn, scratched) <input type="checkbox"/> Other _____ <input type="checkbox"/> PIN Only		<input type="checkbox"/> New ATM Card and PIN <input type="checkbox"/> Replacement Card (must state reason for replacement) <input type="checkbox"/> Lost / Stolen <input type="checkbox"/> Damaged (cracked, worn, scratched) <input type="checkbox"/> Other _____ <input type="checkbox"/> PIN Only	
PRIMARY MEMBER INFORMATION			
Name		Social Security Number	Date of Birth
Home Address (Street & Number)		City/State/Zip	Phone
JOINT MEMBER INFORMATION			
Name		Social Security Number	Date of Birth
CARD AGREEMENT			
By signing below, I/we request a Zeal Credit Union ATM or Visa Debit Card and/or a Personal Identification Number (PIN) to be issued to me/us. I/We agree to be bound by Zeal Credit Union's Electronic Funds Transfer Agreement provided at account opening.			
Cardholder Signature		Date	
Joint Cardholder Signature		Date	
* You must have a Zeal Credit Union checking account to apply for a Visa Debit Card. You must be 18 years of age or older to apply for either an ATM and/or Debit Card.			