



1630 King Street
Alexandria, Virginia 22314-2745
703-706-5000 • Fax 703-549-5695

SDFCU Account #

You must have an SDFCU checking account to obtain a Visa Check Card

VISA CHECK CARD APPLICATION

INFORMATION ABOUT YOU - The Account holder

Name: (please print)

Street Address: Apt. No.

City: State: Zip:

Social Security Number: Date of Birth:

Day Phone: Evening Phone:

Please issue a second card for my joint owner: (Name-please print)

Social Security Number:

I do hereby certify that the information provided is accurate. I understand that a Credit Union representative may call me for additional information needed to acquire this product. By signing below, I acknowledge receipt of and agree to be bound by the terms and conditions set forth in the Credit Union's Account Agreements and Disclosures booklet,

Member Signature: (required) Date:

Signature of Joint Owner: Date:



FOR OFFICE USE ONLY: YR ST Initials Date