

**SIUE Credit Union**  
**Application For A Visa Check Card**  
**Fax completed application to 650-3768, mail to Box 1069, Edwardsville, IL 62025**  
**Or bring to SIUE Credit Union office**

Member Number: _____	First Name: _____ M.I.: _____
Social Security Number: _____	Last Name: _____
Date of Birth: _____	Street Address (No P.O. Boxes): _____
Employer: _____	City: _____ State: _____
	Zip: _____
	Home Phone: _____
	Work Phone: _____

\* If you want a second card, the account to be used must be a joint account. There is a \$5 charge for an extra card.

Yes. I'd like a second card to be embossed with the person named below as a joint owner on the account

First Name: _____ M.I.: _____	Relationship:
Last Name: _____	

*If a Visa cuCheck Card(s) is issued, I (we), the undersigned applicant(s), by signing or using the cuCheck Card(s) ("card") agree that I (we) will be bound by the terms of the Visa cuCheck Card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal of the card(s). I also agree to pay a \$5 application fee at the time of this application*

\_\_\_\_\_  
**Signature** **Date** **Signature** **Date**

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For Credit Union Use Only

Approved  Rejected Date \_\_\_\_\_

Account Number \_\_\_\_\_ Daily Limit \_\_\_\_\_

Credit Committee \_\_\_\_\_

Comments: