



Visa Check Card Application (Ages 13-17)

Member Number _____



TFCU

Teacher Federal Credit Union

For Assistance Call

(763) 544-1517

(800) 862-1998

7am-7pm weekdays

www.tfcumn.org

Yes! I would like the MoneyWise Visa Check Card.

1. Primary Member (Youth) - Please Print

Youth Name _____
Last Name First Name Middle Initial

2. Joint Account Owner (Adult) - Please Print

Parent/Guardian Name _____
Last Name First Name Middle Initial

3. Home Phone Number () _____

4. Number of Cards & Withdrawal Limits

Number of Cards: (maximum of 2) _____ Daily ATM Withdrawal Limit (\$20 to \$100) \$ _____

5. Check Card Agreement and Authorized Signature(s)

By signing below, we understand that we are applying for a Check Card at Teacher Federal Credit Union (TFCU). We the undersigned agree to the terms and conditions stated in the **TFCU Visa Check Card Agreement and Disclosure**.

We agree to the following usage guidelines:

- 1) Memorize your Personal Identification Number (PIN) when you receive it in the mail;
- 2) Destroy the PIN notification you receive by mail;
- 3) Do not reveal your PIN to anyone;
- 4) Do not write your PIN on the check card;
- 5) If your card is lost or stolen, call (800) 449-7728 to report it immediately. Please have your member number available.

TFCU reserves the right to revoke this check card if the card has been used negligently. We acknowledge TFCU's right to verify the above information. We further agree that you may contact any source necessary to determine our credit and financial responsibility.

X _____ X _____
 Primary Member's Signature - (Youth) Date Joint Owner's Signature - (Adult) Date

OFFICE USE ONLY

Check Card Application:

Approved Denied

Application Taken by: Operator # _____ Initials _____ Date _____

Card Loaded by: Operator # _____ Initials _____ Date _____

File Maintenance by: Operator # _____ Initials _____ Date _____

New Check Card Number _____