



# VISA Check Card Request

P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135

**Please print the following information using black ink only.**

Member Name \_\_\_\_\_

Member # \_\_\_\_\_ Checking account suffix \_\_\_\_\_  
(See your monthly statement for account number)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Print the name(s) of the **authorized user(s)** who is/are to receive a card. Please include a copy of their state issued identification.

\_\_\_\_\_  
\_\_\_\_\_

\*Requests for VISA Check Cards are subject to approval by La Capitol FCU. You must be a La Cap member in good standing with an open checking account and meet established criteria for a VISA Check Card.

If my request for a VISA Check Card is approved, I understand that the card and a Disclosure Agreement will be mailed to me in approximately 10 business days. My Personal Identification Number (PIN) will be sent to me in a separate mailing within the stated time frame.

When I begin using my VISA Check Card(s), I agree to be bound by the conditions in the Disclosure Agreement and any subsequent revisions to that agreement, and to commit my PIN to memory and destroy my printed PIN or store it in a safe place.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Member's Signature

LA CAP USE ONLY: Issue Date: _____ By Teller: _____ No. of Cards: _____ OFAC: _____
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