



VISA Debit 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 debit 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 debit card.

If my request for a VISA debit 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 debit 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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