

**Honeywell Phila. Div. Federal Credit Union
 Visa Debit / ATM Card
 Application**

<p><i>Credit Union Use Only</i></p> <p>Date: Entered by: Card Number:</p>

Note: You must have a share draft account to apply for the HFCU Debit Card. (If you do not have a share draft account, please apply for a share draft account at the office.)

Share Draft Account Number		
Applicant Name (Last, First, Middle Initial)		Social Security Number
Street Address Apt		
City, State, Zip Code	Home Phone	Work Phone
Employer	Position	How Long?
Business Street Address		
City, State, Zip Code		

I/we certify that the above debt information is correct. I acknowledge and agree that the Credit Union is relying on the truthfulness of the above information in deciding whether to grant a Visa Debit / ATM Card.

I acknowledge and agree that the above representation may be used as evidence by the Credit Union in the event of any legal proceedings including State, Federal or bankruptcy. The Credit Union is authorized to check any credit reports it deems necessary and I agree to supply any additional information requested by the Credit Union such as employment or credit in the event that information is necessary to complete processing of this application.

I/we have read and agree to the HFCU Visa Debit / ATM Card Agreement and acknowledge receipt of the Disclosure statement.

Applicant's Signature	Date
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Credit Union Action

Approved _____ Rejected _____

Signature _____ Date _____

Specific reasons for rejection _____

