

LinCU VISA DEBIT CARD APPLICATION FORM

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

Address: _____

Mother's Maiden Name: _____ Date of Birth (D/M/Y): _____ Email Address: _____

Cell Contact: _____ Landline Contact: _____ Credit Union Account # & Type: _____

ID# 1: _____ ID# 2: _____

Yes, I would like to get a LinCU Visa Debit Card and I authorize my Credit Union to debit my account for the non-refundable annual fee of \$100.00. Subject to approval guidelines, my card will be available within 10 business days from the date of this application. In the case of insufficient funds on the card at the time of renewal, I authorize my Credit Union to debit any of my Credit Union accounts.

Customer Signature: _____ Referred By: _____ Date: _____

"The LinCU VISA Debit card is a Co-Branded card provided by LinCU Ltd and the Unit Trust Corporation. Unit Trust Corporation is the official VISA brand Issuer"