

YES! I would like a First City Visa Check card, or

I do not have a First City Checking Account, but I would like a First City ATM card to access my regular savings (share) account.

New Card

Replacement Card (check one below)

Adding a Second Cardholder

Lost

Stolen

Damaged

NOTE: By checking the VISA Check Card Box, you are applying for a VISA Check Card that serves as a debit card to access your First City Checking Account. You further understand that if you do not qualify for or do not want a VISA Check Card, this application will be considered an ATM card application.

- ✓ Complete the application below.
- ✓ You can expect to receive a randomly selected computer Personal Identification Number (PIN) within a few days of receiving your card. You may change your PIN at any First City location.
- ✓ You are solely responsible for the safekeeping of your PIN. If you allow someone access to your PIN, you will be allowing that person access to any of your accounts with us.

Married applicants may apply for an individual card. Would you like:

Individual Card

Joint Card with your Joint Account Holder

Primary Member:

Member Name

Member Number

Checking ID No.

Joint Account Holder:

Note: A joint cardholder will have unlimited access to your accounts, and must be a joint owner on your account. Only the primary owner of the account can request or delete additional cardholders.

Joint Account Owner/Cardholder Name

You hereby authorize us, our employees, and agents to investigate and verify any information concerning you, including, but not limited to, obtaining a credit report from a consumer reporting agency both now and in the future. If your application for an ATM or VISA Check Card is approved, you agree and understand that you are bound to the terms of the Electronic Services Agreement and Disclosure which will be enclosed with your new card. If this is a joint application, you agree that such liability is joint and several. You authorize us to accept your facsimile signatures on this application and agree that your facsimile signature will have the same legal force and effect as your original signature. You assume any risk that may be associated with permitting us to accept your facsimile signature.

Signature

Date

Signature (Second CardHolder)

Date

Please send this form to:
P.O. Box 86008
Los Angeles, CA 90086-0008
or
drop by any First City Branch

Member must "Opt-In" to allow coverage of overdrawn debit card transactions at merchant locations, including stores, gas stations, and restaurants. To opt-in call (800) 944-2200, ext. 0, visit www.firstcitycu.org, or talk to a branch representative for information.

For Credit Union Use Only		
ChexSystems Record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opt-in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CU NSF Activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By: _____	User#: _____	
Notice Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No