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VISA.CHECK CARD APPLICATION

NEW	CARD [EXISTING CARD		INCREASE LIMIT	IMPORTANT Read cardholder agreement enclosed and remember to sign your application.
Applicant					RECORD YOUR PIN HERE
	LAST NAME,	FIRST NAME, MIDDLE INITIA	No Q or Z, please. Please select all letters or		
	APARTMENT NO./P.O. BOX NO. CITY, STATE, ZIP CODE + 4-DIGIT ADD ON				all numbers.
					Combined POS and Cash Withdrawal Limit
					\$305.00 Increase:
	HOME TELE	PHONE	WOR	K TELEPHONE	
	CELL#				
F.I. Use Only	TYPE	ACCOUNT NUMBER	WOUT	er's Maiden Nai	ne.
Account Information	Draft 101 —		0 7		
	Shares 201 —		0 1		
Signature(s) Required	read, unders hereby autho acknowledge Members 16 providing exp	tand and agree to be legally bounties Allentown FCU to obtain a receipt of the disclosure staten & 17 years of age can obtain a press consent to be contacted a	und by the credit reported in the credit repo	terms and conditions rt to check my/our cre ing me of my rights u k Card with signature	nolder Agreement and that I have of such Agreement. In addition, I/we edit history for any or all services. I also nder the Electronic Funds Transfer Act. e of a parent/guardian. In addition, I/we a e credit union card fraud departments. AN SIGNATURE DATE
F.I. Use Only SPECIAL HANDLING PARTICIPANT ID/CARD P (P) Pull Card (D) Demo Card			PREPARED BY DATE		APPROVED BY DATE

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