

VISA Check Card Order Form

Card Type:

- VISA Check Card—You must have an active checking account.

Purpose:

- I am ordering my first Debit/ ATM card
- I am reordering ** Card

Link to Share account # _____

Reason for reorder

- My card was stolen
- My card is damaged
- My name has changed
- Other _____

Additional Instructions: _____

Quantity:

- Order a Card ONLY for the Primary Member listed below
- Order a card ONLY for the Joint Owner listed below
- Order Cards for BOTH the Primary Member and the Joint Owner

*Note: In the event that you provide us with a different home address than the one we have on file for you, it will delay the ordering of your card. Please verify address information with Stoneham ME Federal Credit union. ** Replacement /reorder charges may apply.*

Primary Member Information

Full Name _____
Member Number _____
SSN _____
Date of Birth _____
Primary Phone _____
Cell Phone _____
Email _____
Address _____
City _____ State _____ Zip _____

Joint Owner Information

Full Name _____
Member Number _____
SSN _____
Date of Birth _____
Primary Phone _____
Cell Phone _____
Email _____
Address _____
City _____ State _____ Zip _____

By signing below, I am applying for a Stoneham ME Federal Credit Union VISA Debit Check Card. I understand that in order to apply for a Debit Card, I must already have a checking account with SMEFCU. I understand the Debit Card I am applying for is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Stoneham ME Federal Credit Union account(s). I authorize Stoneham ME Federal Credit Union to verify the information provided above and to request a credit report if necessary. The Stoneham ME Federal Credit Union VISA Debit check card is available for qualified members only. Other requirements may apply. I agree to be bound by the terms and conditions of the VISA Debit Check Card Agreement as set by Stoneham ME Federal Credit Union.

Primary Member's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

For Credit Union Use Only: Verified Member Information: _____ Processed By: _____ Date Processed: _____ (3/2023)

Card # Assigned _____ Expiration Date: _____

Closed in CUSA: _____
Initial

Reissue NO: _____
Initial

Captured in Client Central: _____
Initial