

Visa Check Card Request

Fax to 310-354-3038

New Account
 Existing Account
(Old account will be closed 30 days after the CU orders the new card.)

Order new card ASAP
 Order new card next cycle

New Card Image (only one)
 Globe Image
 B-2 Image

Member Name _____ Member Number _____

Joint Owner _____ **MUST BE JOINT ON ALL ACCOUNTS**

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

E-mail address _____

OFFICE USE ONLY

Checklist:

Held a B-2 Image MasterCard with Prefix #5415 69 (no fee) _____ (information on FLIN 36)

Valid Overdraft Source on Share Draft Account _____ (information available on SHIN)

Flag M02/09 is not present on account _____ (information available on GNIN)

Average Balance over \$250.00 _____ (information available on MEIN)

Request taken by : _____ Date: _____

Branch location: _____

FOR CARD SERVICES USE :

Verified qualifications for card: yes no not qualified

Card Number 4092 8300 ___ ___ ___ ___ ___ ___ ___ ___ **Order Date:** _____

By: _____