



## Visa Debit Card Application

*You must have an APCU checking account in order to apply for a Visa Debit Card*

Please send your completed application to:

**APCU Card Services Department**  
**515 Mulberry Street Suite 100**  
**Macon, GA 31201**  
**Fax: (478) 741-9102**  
**Email: [cardservices@apcu.com](mailto:cardservices@apcu.com)**

Member Number

Share ID Number

Last Name

First Name

Middle Initial

Social Security Number

Birthdate

Mother's Maiden Name

Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

E-mail Address

Joint Member Name

Social Security Number

Birthdate

Primary Phone Number

Secondary Phone Number

E-mail Address

I/We hereby apply for and request issuance of a Visa Debit Card together with a personal identification number (PIN) to be used to access my/our funds in the Credit Union. In signing the application, I/we agree that use of the card shall be governed by the terms, conditions, and disclosures contained in the Visa Debit Card Agreement and acknowledge receipt of that Agreement. I confirm that I have read the Agreement and fully understand all of its terms, conditions, and disclosures.

**Permission to contact:** By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including auto-dialed and pre-recorded message calls, from the Credit Union or its third party debt collector at that number. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by calling APCU at (800) 849-8431.

Member Signature

Date

Joint Member Signature

Date

### For Credit Union Use Only

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Card Type: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ Number of Cards: \_\_\_\_\_

Processed by: \_\_\_\_\_ Ordered by: \_\_\_\_\_