

Visa® Debit Card Application

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

Please send your completed application to:
APCU/Center Parc Card Services Department
400 Tradeport Blvd., Suite 401
Atlanta, GA 30354
Fax: (478) 741-9102
Email: 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 APCU/Center Parc. 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 APCU/Center Parc 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/Center Parc 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: _____