

# Alliance's FREE Visa Debit Card Application

Complete the application and return by:

Fax to 636-343-4986

**You may also mail to:**

VISA Department  
Alliance Credit Union  
575 Rudder Rd  
Fenton, MO 63026

Please enroll me/us for a FREE VISA Debit Card:

The card that works like a check... only better! The Alliance Debit Card combines the convenience of an ATM card with the benefits of the checkbook.

**General Account Information.**

**Member / Owner** \_\_\_\_\_

**Joint Owner** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone - Home** \_\_\_\_\_ **Bus.** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Soc. Sec. No.** \_\_\_\_\_

**Driver's Lic. #** \_\_\_\_\_ **State** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_

Authorization: I/We authorize you to verify my/our credit and employment history and furnish the information to others. I/We understand that receiving an Alliance Visa Debit Card is contingent upon a credit check and if I/we do not qualify for the Alliance Visa Debit Card, an Alliance ATM card will be issued to me/us. I/We agree to the terms of the Alliance Visa Debit Card Agreement and all amendments, a copy of which will be sent to me/us prior to receiving the card. I/We acknowledge that signing, using or entrusting the card to another individual further represents acceptance of the terms and conditions set for the by the credit union. The Agreements that apply to my/our above deposit accounts apply to all Debit Card transactions made on these accounts. I/We understand that all deposit accounts accessed by this Alliance Visa Debit Card must have the same ownership or liability.

If I/we are not approved for the Alliance Visa Debit Card, I/we agree that this application will be considered an Alliance ATM card.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_