TACU Credit Union
940 North Superior Avenue
PO Box 940 ▪Tomah, WI 54660
Ph: 608.372.4736 ▪ Fax: 608.372.4394
www.tacuonline.com

Visa Check Card

Visa Check Card Application	Member No:
Member/Owner: Yes "☐" or No "☐" Joint Owner: Yes "☐" or No "☐"	Web Access: Phone Access:
Member/Owner:	**SSN/TIN:**
Street:	**Drivers Lic. No:**
City/State/Zip:	**Date of Birth:**
Home Phone:	**Mother's Maiden Name:**
Cell Phone:	**E-mail Address:**
Date Account was Opened:	
Account Ownership	
Joint Owner:	**SSN/TIN:**
Street:	**Drivers Lic. No:**
City/State/Zip:	**Date of Birth:**
Home Phone:	**Mother's Maiden Name:**
Cell Phone:	**E-mail Address:**

Terms and Conditions

I/we certify that the attached profile information has been supplied truthfully, accurately and voluntarily, and therefore authorize this credit union to investigate our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means. I/we understand and agree that I/we and each person who holds an additional card issued to me/us, and any person to whom the card is given, may access each account through the Visa Check Card. I/we agree that if any Visa Check Card sent to me/us is used, I/we will comply with the Visa Check Card rules and disclosure which have been given to me/us.

X_____ Member/Owner Signature Date	X_____ Joint Owner Signature Date

Visa Check Card Account Number:

If your signature is not witnessed by a credit union employee, this form needs to be notarized.

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ACKNOWLEDGEMENT:

STATE OF: _____)
) SS. _____
COUNTY OF: _____)

This instrument was acknowledged before me this _____ day of _____, _____

by_____ and _____.

(Seal)

X_____
(Notary Public)

My commission expires: _____