

IH Credit Union VISA Check Card Application

_____ Please send me an IH Credit Union VISA Check Card.

Applicant Information

Name: _____		
Member Account Number: _____		
Street: _____		
City: _____	State: _____	Zip: _____
Work Phone: _____		
Cell Phone: _____	Home Phone: _____	
Social Security Number: _____	Date of Birth: _____	
Employment & Occupation: _____	\$ _____	Monthly Income: _____
		Employment Date: _____

Co-Applicant Information

Name: _____		
Social Security Number: _____	Date of Birth: _____	
Employment & Occupation: _____	\$ _____	Monthly Income: _____
		Employment Date: _____

By signing below I / we agree to all of the terms, rules and conditions of the IH Credit Union VISA Check Card. Please refer to the **VISA Check Card Agreement**. I hereby authorize the credit union to whom this application is made, or any credit bureau or other investigative agency employed by such credit union, to investigate the references herein listed or statements or other data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility.

X _____	_____
Applicant Signature	Date
X _____	_____
Co-Applicant Signature	Date

To apply simply fax, mail or deliver the application to one of our convenient branch offices.

For IH Credit Union use only:	
Approved, By and Date _____	Denied, By and Date _____
Reason _____	