WHITE RIVER CREDIT UNION

PO Box 419
96 North Main Street
Rochester, VT 05767
(802) 767-3333

PO Box 177
330 Main Street
Bethel, VT 05032
(802) 234-9232

CU CHECKCARD APPLICATION - Please print clearly

I would like my CU CheckCard to Access:

❑ - Both my Share and Share Draft accounts ❑ - My Share Draft account only

Name (Last – First – Initial)	Account Number
Present Address (Street – City – State – Zip	Home phone Number
	Business phone Number
Social Security Number	Date of Birth

Additional Cardholder Information - **Note:** Any Additional Cardholder must be a joint owner on your account(s).

Name (Last – First – Initial)	
Present Address (Street – City – State – Zip	Home phone Number
	Business phone Number
Social Security Number	Date of Birth

By signing below:

- I/We are applying for a White River Credit Union (WRCU) CU CheckCard.
- I/We understand that I/we are the only individual(s) authorized to use the Card.
- That I/we agree to the terms of, and acknowledge receipt of, the *Electronic Funds Transfers Disclosures*.
- I/We authorize WRCU personnel to check my/our WRCU account(s) and obtain reports from credit reporting agencies to verify my/our eligibility for the service I/we have requested.

_____ _____

Member Signature Date Additional Cardholder Signature Date

Falcon Cooperative ATM Network

CU CARD