



**Instructions:**

**New Accounts**

- Please complete form, Sign, Date and Return to Credit Union
- This is a "Fillable Form" field labels that are underlined may be completed on line.

I would like to request        cards (# of cards, maximum of 2 cards per account)

<u>Member Name</u>	<u>Member Account#</u>	
<u>Address</u>	<u>City, State, Zip</u>	
<u>Home Phone Number</u>	<u>Member Social Security Number</u>	<u>Date of Birth</u>
<u>E-mail Address</u>	<u>Cell Phone Number</u>	

<u>Joint Member Name</u>	<u>Joint Member Social Security Number</u>
<u>Cell Phone Number</u>	<u>Other Contact Number</u>

**BY SIGNING BELOW, YOU UNDERSTAND THAT THE USE OF YOUR ATM/VISA CHECK CARD WILL CONSTITUTE ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO THE TERMS OF THE ATM / VISA CHECK CARD DISCLOSURES AS DISCLOSED IN THE ELECTRONIC SERVICE DISCLOSURE AGREEMENT AND THE SCHEDULE OF FEES. YOU AUTHORIZE PARADISE VALLEY FEDERAL CREDIT UNION TO OBTAIN A CREDIT REPORT IN CONNECTION WITH THIS APPLICATION.**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Primary Member

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Joint Member

*Please allow two to three weeks processing time.  
Your personal identification number (PIN) will be mailed to you separately for security reasons.*

*There is a fee for replacement of lost cards and a maximum number of 3 replacement cards per calendar year on each account.*

**\*\*\* Office Use Only \*\*\***

Date Received \_\_\_\_\_ Received By \_\_\_\_\_  
Mail Card To:  Member  PVFCU Card# \_\_\_\_\_