

Main Office
 2209 W. State Street
 New Castle, Pa 16101
 Phone: 724-652-8393
 Fax: 724-652-8855

Branch Office
 1400 Wilmington Rd
 New Castle, Pa 16101
 Phone: 724-656-3595
 Fax: 724-656-0379



www.firstchoicefcu.com

ATM / Check Card Application

Account Number _____

Type of Card

- ATM
 Visa Check Card

Applicant

Name (Last, First, Middle) _____

Home Address _____

City, State, Zip _____

Daytime Phone () _____

Cell Phone () _____

Social Security # -- -- _____

Birth Date / / _____

Drivers License # _____

Password _____

Mother's Maiden Name _____

Co- Applicant

Name (Last, First, Middle) _____

Home Address _____

City, State, Zip _____

Daytime Phone () _____

Cell Phone () _____

Social Security # -- -- _____

Birth Date / / _____

Drivers License # _____

Password _____

Mother's Maiden Name _____

I / We acknowledge that I / we have received a copy of the VISA Check Cardholder Agreement and that I / we have read, understand, and agree to be legally bound by the terms and conditions of that agreement. I / We also acknowledge receipt of the disclosure statement informing me / us of my / our rights under the Electronic Funds Transfer Act and the Truth-in-Savings Act, as applicable.

Applicant's Signature _____ Date ____/____/____

Co-applicant's Signature _____ Date ____/____/____

For Office Use Only	PIN Assigned
	Date Assigned

