

CAROLINA COLLEGIATE FCU

ATM/Visa Debit Card

A P P L I C A T I O N

Name_____

Street_____

City_____ State _____ Zip_____

e-mail Address_____

Social Security Number_____

Home Phone_____ Work Phone_____

Member (MAIN) Account Number_____

Checking Account Number_____

For security reasons, your PIN (personal identification number) will be computer-generated.

Joint Name_____

Street_____

City_____ State _____ Zip_____

e-mail Address_____

Social Security Number_____

Home Phone_____ Work Phone_____

Mail or deliver to

Main Office: Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201
Coastal Carolina University Branch: 744 Highway 544, UHAL, Room 100 , Conway, SC 29526
USC Upstate: 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303

ATM & VISA DEBIT CARD SERVICES

_____ •Automated Teller Machine Service

_____ •VISA Debit Card (Standard Design) _____ •Gamecock Design

Please check the box above to receive an ATM/VISA Debit Card. The card will be mailed within 14 days after the application is received and approved in our office. Your PIN (Personal Identification Number) will arrive several days after you receive your card. Your ATM card may be used in any ATM that bears the CIRRUS or STAR logos, and the Debit Card at any location that bears these ATM Logos or VISA logo.

I hereby authorize Carolina Collegiate Federal Credit Union to send validated access cards to me to initiate Electronic Funds Transfers using the above accounts. Use of this card will be proof of my acceptance of the terms and conditions of the Account Agreement.

Signature_____ Date_____

Signature_____ Date_____

CARD MAINTENANCE

_____ Reissue Card _____ Reissue Code _____ Lost Card \$10 Fee

Reason_____

_____ Delete Account # _____

_____ Add Account # _____

OFFICE USE
MISC _____
Card # _____
Staff _____ Date entered _____

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