

# Texoma Community Credit Union

## Application for Visa® Check Card

Account Number(s)

Name

Address

City, State, ZIP

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

Home Phone Number

Work/Mobile Phone Number

Mother's Maiden Name

### Co-Applicant

Name

Address

City, State, ZIP

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

Home Phone Number

Work/Mobile Phone Number

### Signatures

By signing below, the undersigned (1) requests the described service and agrees to the terms and conditions governing the services, including any fees and charges described in the TCCU Account handbook; (2) agrees that all information is accurate and authorizes Texoma Community Credit Union to verify credit through a credit agency; and (3) acknowledges receipt of Agreement and Disclosure.

X \_\_\_\_\_  
Applicant's Signature Date

X \_\_\_\_\_  
Co-Applicant's Signature Date



Your  
Financial  
Edge™

