

**VISA DEBIT CARD APPLICATION
LAKESIDE CREDIT UNION
PO BOX 418/ 1008 BROADWAY AVE
NEW JOHNSONVILLE, TN 37134
(931)535-7269 or (931)535-3750**

ACCOUNT# _____

Applicant's Name Date of Birth Social Security #

Joint Applicant's Name Date of Birth Social Security #

Address (street, apt.#, city, state, zip code)

Home # Cell #

Applicant Employed By: Business Address Business phone #

I(We) certify that the information above is true and complete. I(We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my(our) credit standings. I(we) have hereby agree to be bound by the terms and conditions of the electronic fund transfer disclosure which I(we) have received. I(we) understand that debit card transactions will be withdrawn from my(our) share draft account.

_____ I want overdraft protection via automatic transfer of funds from the following accounts: (If you select more than one account, please indicate what priority the accounts should be accessed by writing a "1" for your first choice and so forth).

_____ Regular Share _____ Money Market _____ Line of Credit

_____ I DO NOT WANT OVERDRAFT PROTECTION

Your debit card may be used to withdraw cash from your share draft account at Automated Teller machines (ATM'S) displaying the VISA logo.

X _____ X _____
Applicant's signature Date Co-Applicant's signature Date

OFFICE USE ONLY

_____ Approved _____ By _____ Date _____
_____ Disapproved _____ By _____ Date _____

Reason _____