

Teachers Federal Credit Union
VISA® Check Card Request

The following application is to be filled out online and printed.
Upon completion, please fax to (631) 648-2045, mail to: TFCU, P.O. Box 9005, Smithtown NY 11787, or drop off at any convenient branch location.

Name (First, MI, Last):	
Home Address:	
City, State, Zip:	
Member Number:	
Home Phone:	
E-mail Address:	

Also send me an additional card for the joint member on this account listed below:

Joint Name:	
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Signatures: By signing below, I (we) request the TFCU Visa Check Card and agree to its terms and conditions, including any fees and charges. I (we) agree that all information is accurate, authorize TFCU to verify the information given, and obtain further information from a consumer credit report. TFCU may withdraw this offer if unable to verify this information or if a credit report reflects certain adverse circumstances.

X _____
Applicant's Signature / Date

X _____
Co-Applicant/Spouse's Signature / Date