

DVA FCU

Visa™ Check Card Application

Account Number _____

Name _____

Home Address _____

Work Address _____

Date of Birth _____

Social Security Number _____

Mother's Maiden Name _____

Everything I have stated in this application is correct to the best of my knowledge.

I understand that it may be a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

I understand that my signature constitutes a request for any identifying number and/or access device issued by the credit union in connection with my account(s). I agree to the terms and conditions as disclosed to me by the Credit Union.

Signature

Date

Return this application to your nearest
DVA FCU office or mail to:

DVA Federal Credit Union
P.O. Box 50617
Washington, D.C. 20091-0617