

Gardiner Federal Credit Union Visa Check Card Application

Owner Account Information

Account Number	DOB
Owner Name	SSN
Mailing Address	Home Phone
City	State
Mothers Maiden Name	Zip

Owner Business Information

Employer	Work Phone
Address	
Annual Salary(s) \$	

Joint - Owner Account Information

Account Number	DOB
Joint-Owner Name	SSN
Mailing Address	Home Phone
City	State
Mothers Maiden Name	Zip

Owner Business Information

Employer	Work Phone
Address	
Annual Salary(s) \$	

By signing below, you agree to abide by the terms of electronic funds transfer and cardholders agreement. Consumer reports (credit reports) may be obtained in connection with this application. If you request, 1 you will be informed whether or not consumer reports were obtained; and 2 if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Signature _____ Date _____

Signature _____ Date _____

In order to issue a card to either signer of a joint account, both owners must sign.

Local (207) 582-2676
Fax (207) 582-7163
Toll-Free 1-800-464-2425

24 HR. AUDIO RESPONSE
1-800-757-8068
info@gardinerfcu.org



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