

Western Division Federal Credit Union
 6750 Main Street • Williamsville, NY 14221
 Ph: (716) 632-9328 • Fax: (716) 632-1383
 www.westerndivision.org

CHECK CARD APPLICATION

Member #

Card Order

- New
 Re-Order

Reason for Re-Order

- Lost/Stolen
 Not working

MEMBER/OWNER			MEMBER/JOINT OWNER		
Name:			Name:		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
SSN:			SSN:		
Home Ph:			Home Ph:		
Work Ph:			Work Ph:		
E-Mail:			E-Mail:		
<input type="checkbox"/> Sign up for E-Statements					

I (we) authorize Western Division Federal Credit Union to provide me (us) with a Western Division Check Card. My (our) first use of the Check Card will mean I (we) agree to all the terms and conditions in the Electronic Funds Transfer Transactions (EFT) Disclosure. I (we) understand that my (our) Western Division accounts must meet certain criteria in order to receive the Check Card.

Member/Owner Signature

Member/Joint Owner Signature

FOR OFFICE USE ONLY		
Card #:	Card #:	
Reviewed By:	Date:	
<input type="checkbox"/> Enrolled in E-Statement	Employee ID:	Date: