



MINOR - VISA DEBIT CARD APPLICATION

DATE: _____ **RECEIVED BY** _____ **NEW** _____

PRIMARY NAME: _____

Parental Approval:

SOCIAL SECURITY#: _____

I acknowledge that the following debit card is being opened for my minor child and that I accept full responsibility in the event the account goes into default for any reason. Should the account go into default, it will be my responsibility to take the necessary steps to bring the account current.

STREET: _____

CITY: _____

STATE: _____ **ZIP CODE** _____

I also acknowledge that if my child abuses this debit card (ex. multiple negative balances), that the Credit Union can revoke the debit card without prior notification.

PHONE #: _____

BIRTHDATE: _____

CHECKING ACCT#: _____

PARENT SIGNATURE

SIGNATURE: _____

DATE: _____

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