

Consider all the pluses of having a MIDFLORIDA CheckPlus Debit Card:

- Lets you use money from your checking accounts without writing a check.**
- Faster and easier than writing checks** - no more waiting for check approval.
- Accepted where checks aren't** - at restaurants, and when traveling out of town.
- Detailed descriptions on your statement** provide a better way to keep track of purchases.
- Offers you cash access around the world** at Automated Teller Machines (ATMs) that accept VISA Debit Cards.

Please detach and retain the Agreement and Disclosure statement and return this VISA CheckPlus Debit Card Application to any branch or mail to MIDFLORIDA Federal Credit Union, P.O.Box 8008, Lakeland, FL 33802-8008 For questions call: West Polk County (863) 688-FREE; East Polk County (863) 291-FREE; or Toll Free (866) 913-FREE



CHECKPLUS DEBIT CARD APPLICATION			
MIDFLORIDA ACCOUNT NUMBER	DEBIT CARD NUMBER		
APPLICANT NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET / MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	EMPLOYER	WORK PHONE	
CO-APPLICANT NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET / MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	EMPLOYER	WORK PHONE	
I would like additional card(s) issued in the name(s):			Social Security #
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>			
PLEASE SELECT THE ACCOUNT FROM WHICH YOU WOULD LIKE US TO WITHDRAW THE FUNDS NECESSARY TO COVER AN OVERDRAFT.			
_____ Savings Account	_____ Permum Line of Credit	_____ OTHER _____	
<p style="font-size: small;">We hereby certify that all statements made herein, are true and complete, are submitted for the purpose of obtaining a CHECK PLUS Debit card, and that the Credit Union may rely on them for such determination. I/We authorize you to obtain such information as you may require concerning the statements made in this application including a credit report, and agree the application shall remain your property whether or not the request is granted. I/We hereby acknowledge receipt of the CHECK PLUS Agreement and Disclosure Statement. If this application is approved and a VISA Check Plus Debit Card(s) is issued that undersigned applicant(s) by signing, using or permitting another to use the VISA Check Plus Debit Card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the CHECK PLUS Debit Card Agreement and all amendments.</p>			
APPLICANTS SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
FOR CREDIT UNION USE ONLY:		DATE ACCOUNT OPENED:	NUMBER OF NSF's:
DEBIT CARD ASSIGNED TO:		SAVINGS SUB # _____	CHECKING SUB # _____
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED	
CREDIT REPORT MUST BE ATTACHED +		BY: _____	DATE: _____
OFFSET # _____	FAXED ON: _____	RECEIVED ON: _____	CARD ORDERED ON: _____
SET-UP ON CUBE _____		SET-UP ON CLIENT WORK STATION _____	

