



2300 St. Clair Ave.
Cleveland, OH 44114
216-621-4644

Complete, Sign and return this application. Or apply online at: www.ffcommunity.com.

ATM or VISA (Debit) Check Card Application

Name: (First, MI, Last) **Please print clearly. One letter per block, maximum of 19 letters.**

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Address	Social Security Number	Employer
City, State, Zip	Date of Birth (must be at least 18 years old)	Mother's Maiden Name
Home Phone (Include Area Code)	Work Phone (Include Area Code)	Driver's License Number & State

Choice of Card

I wish to apply for a: Check One

ATM Card * or
 VISA Check Card * (Checking Account Required)

* In the event I don't meet the qualifications for a Card with full privileges, I may be granted an ATM Card with withdrawals only. A Firefighters Community Credit Union Checking Account is required for a **VISA Check Card**.

Do you currently have a Firefighters Community Credit Union ATM Card?

NO
 YES Are you requesting Deposit privileges? Card # _____

I wish to access the following Firefighters Community Credit Union Account with my Card:

Savings Account #(s) _____
 Checking _____

I understand that I am the only individual authorized to use the card and that the use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure and Agreement. The undersigned hereby authorizes FFCCU or any credit bureau investigation agency employed by FFCCU to investigate any reference given by undersigned or statements or other data obtained from undersigned or from any other person pertaining to undersigned credit and financial transactions or experiences with the Credit Union. FOR OHIO RESIDENTS ONLY: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRES THAT ALL CREDITORS MAKE CREDIT REPORTING EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

Signature: _____ **Date:** _____

For Credit Union Use Only

Revised 5/09

6 mo. Avg. Savings bal:	6 mo. Avg. Checking bal:	# of NSF's:	E-Funds OK <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Bureau Grade/Score
ATM Card	Approved	Denied	Date	ATM W/D Only <input type="checkbox"/> ATM Card # Assigned: 582123701
VISA Check Card	Approved	Denied	Date	VISA Check Card # Assigned: 447231
Resubmit Application: Explanation:	Approved	Denied	Date	VISA Check Card Daily Limit:
Lost/ Stolen <input type="checkbox"/>	Damaged <input type="checkbox"/>	Replacement Card <input type="checkbox"/>	Fee Yes <input type="checkbox"/> No <input type="checkbox"/>	App. Submitted By _____ Teller # _____
New Card <input type="checkbox"/>	Dormant <input type="checkbox"/>	Old Card # _____		