



TRI-TOWN TEACHERS FEDERAL CREDIT UNION

“THE CARRIAGE HOUSE”
61 JESUP ROAD – P.O. BOX 5128
WESTPORT, CT 06881
web site: www.tttfcu.org

Telephone: 203 227-8511
Toll free: 877 315-8480
Facsimile: 203 227-0266

APPLICATION FOR VISA DEBIT/ATM CARD

To request an APPLICATION FOR DEBIT/ATM CARD please fill out all the information below with your name, account number and fax this form to our office at 203 227-0266 or mail this form to the address listed above. DEBIT/ATM card application will be processed ASAP and you should receive the card in the mail within two weeks. Please note that your PIN (Personal Identification Number) will be mailed to you under separate cover and can't be changed.

I request that you provide me with a DEBIT/ATM from my TTTFCU Share Draft (Checking) account. I understand that I must notify you immediately if this card is lost or stolen. If I do so I will have zero liability for fraud on my account.

If approved, I agree to abide by the terms and conditions set forth in the Visa Debit Cardholders Agreement.

Member's Name printed _____
Print the Name as you wish it to appear on the card

Member's Signature _____

Member's Account Number _____-77

Member's Address _____
Street apt# City, State Zip

Email Address _____

Phone Numbers _____
Home Work Cell

I Request an additional card with the following Name on the Card:

Second Cardholder's Name

If you have any questions regarding this form, please call 203 227-8511 for assistance.

FAX THIS FORM TO 203 227-0266

REV. 11/10