



VISA Check Card Application

To apply, print the application and complete all required information. Deliver, fax, or mail the application to the credit union. Our fax number is (412) 461-0842.



Please send me a Tri Boro FCU VISA Check Card

Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____

Birth Date _____ Social Security # _____

Account # _____

Co-Applicant Information

Name _____

Social Security # _____

Birth Date _____

This application is submitted to obtain credit and to the best of my (our) knowledge everything stated in this application is true and complete. I (we) understand that the credit union will retain this application whether or not it is approved. I (we) authorize the credit union to verify and/or obtain further credit history information as deemed necessary by the credit union to process my (our) request for a VISA Check Card.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Office Use Only

Approved Yes No

Authorized Signature _____ Date _____