Salt City
FEDERAL CREDIT UNION
PO Box 188 Solvay NY 13209
(315) 488-4433 | saltcityfcu.org

VISA ® Debit Card Application

Primary Member (or Entity Information	
Name _____	Member # _____
Address _____	
Home Phone _____	Cell Phone _____
E-mail _____	Mother's Maiden Name _____
Joint Member/Owner (or Authorized Signer)	
Name _____	Member # _____
Address _____	
Home Phone _____	Cell Phone _____
E-mail _____	Mother's Maiden Name _____
Joint Owner (or Authorized Signer)	
Name _____	Member # _____
Address _____	
Home Phone _____	Cell Phone _____
E-mail _____	Mother's Maiden Name _____

Order Card For: Primary _____ First Joint Member/Owner _____ Second Joint Owner _____
Adult _____ Youth _____ Savings Only _____ HSA _____
Savings Only # _____ OR Checking # _____ and Savings # _____
ATM Options: Limited _____ Unlimited _____ Regal _____
Account Updater (only check if opting out): Opt-out _____
Credit Union Employee/BOD Member _____ Review Digital Wallet _____
Card Delivery Method
Instant Issue _____
Primary Address on File _____ Alternate Address on File _____
Solvay Branch _____ Valley Branch (Rush only) _____
One Time Alternate Address ____ Address _____
Rush Card _____ Fee charge to Member # _____ and Share # _____

SALT CITY FEDERAL CREDIT UNION

VISA ® Debit Card Application

By signing below, you agree to the terms and conditions in Salt City's Disclosures provided to you. I/We understand that Salt City may investigate my/our eligibility for a debit card by utilizing ChexSystems.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Credit Union Use Only
Qualifile Score_____ OK to Order _____ Adverse Action Sent _____
Primary Card Ordered 4 1 6 7 7 6 _____ _____ _____
Joint Card Ordered 4 1 6 7 7 6 _____ _____ _____
Joint Card Ordered 4 1 6 7 7 6 _____ _____ _____
Fee Charged _____ Fee Waived – Manager _____
Ordered By _____ Date _____ Audited By _____ Date _____
Revision Date 6/5/26