Qside Federal Credit Union

211-31 Jamaica Avenue
Queens Village, NY 11428
Phone: (718) 353-1300
Fax: (718) 353-5399
www.qsidefcu.org

ATM/Visa Debit Card Application

Directions: Complete and return this form by fax or in person

Member Name: _____ Account No.: _____

Check one: ☐ I have overdraft protection ☐ I want to apply for overdraft protection

Date of Birth: _____ Social Security No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone No.: _____ Work Phone No.: _____

Employer: _____

JOINT OWNER INFORMATION

Joint Owner Name: _____ Account No.: _____

Date of Birth: _____ Social Security No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone No.: _____ Work Phone No.: _____

Employer: _____

I/We are herby applying for the ATM / Visa Debit Card and acknowledge that I/We agree to the terms and conditions of the ATM / Visa Debit Card Agreement and the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that may occur. I/We authorize the Qside Federal Credit Union to run a report. I/We understand we will receive complete disclosures from Qside Federal Credit Union upon approval of my/our application.

_____ _____
Member Signature Joint Owner Signature

_____ _____
Date Date