



### GTFCU Visa Check Card/ATM Card Order Form

Fax application to 512-323-4880

**\*\*Non-U.S. residents living outside the U.S. may not qualify for a GTFCU Check Card\*\***

New Card Order       Replacement Card (\$5 replacement fee may apply)

Reason for Replacement \_\_\_\_\_

(Check One)

I wish to choose my own PIN# in person or via phone during card activation.

I wish the Credit Union to issue a random PIN# to me via mail.

**(Please Check)**

**GTFCU VISA CHECK CARD      AGGIELAND VISA CHECK CARD      SUPERCAT CARD      REGULAR ATM**

Account Number \_\_\_\_\_

Cardholder name to appear on the card \_\_\_\_\_

**PLEASE MAIL MY CARD TO:  
(branch delivery not available)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is this your mailing address?     YES     NO** *(There will be a \$15 fee for mailing to an alternate address)*

***(please allow 5 to 7 business days for delivery)***

The applicant signing below requests, subject to the approval of Greater TEXAS Federal Credit Union/Aggieland CU (GTFCU), a card and personal identification number (PIN) to be used to access the card. By signing, applicant agrees to the delivery time stated above. By using the card, the applicant agrees to abide by the terms and conditions of the GTFCU ATM and Visa Check Card agreement and Disclosure which will accompany the card. Further, the applicant will take precautions to protect the card and PIN from unauthorized usage. By requesting a card mailer to an alternate address, the applicant agrees that the existing GTFCU savings/checking account mailing address will be altered for a period of 3 to 5 business days to reflect the alternate mailing address on this form; the applicant agrees to receive all other mail from GTFCU (including statements) at this alternate address for a period of 3 to 5 business days or until the card is delivered.

**Member Signature \_\_\_\_\_ Date \_\_\_\_\_**

Sent/Faxed by \_\_\_\_\_ Ordered by \_\_\_\_\_ Date Ordered \_\_\_\_\_ Fee? \_\_\_\_\_