Member Name		SSN	Member N	lo.	Share Type
VISA CHECKCARD					
I would like a Bowater CU Visa CheckCard. I have read and understand the Disclosure Statements that apply to this card and will abide by its terms and conditions. I am an owner on both the Regular Share and Share Draft Accounts.					
Joint Owner 1			SSN/IN		
Date of Birth			Driver's Lic. No		
Joint Cell Phone		Joint Home Phone		Joint Work Phon	e
Joint Owner 2			SSN/IN		
Date of Birth			Driver's Lic. No		
Joint Cell Phone		Joint Home Phone		Joint Work Phon	е
Disclosures regarding CheckCard					
Bowater Employees Credit Union shall be governed by the Terms and Conditions of that institution, and any other terms and conditions or amendments provided from time to time. I/we agree that it is my/our responsibility to safeguard the Personal Identification Number(s), and any transactions made with my PIN will be deemed authorized by the above signed. Member/ Owner Signature					
Joint Owner Signature_				l	Date
Joint Owner Signature_				[Date
If the Member/Owner is under 18, a parent or guardian who is joint on the account must sign. I would like Bowater CU to issue a Visa CheckCard to the minor signed above. I acknowledge that I am a joint owner of the account and will take responsibility for all transactions. I have read and understand the Disclosure Statements that apply to this card and will abide by its terms and conditions.					
Parent/Guardian joint o	wner				Date
I would like to access m	y Bowater CU Line of Cre	edit with my ATM C	ard:	Yes No	Does not apply
Bowater Credit Union use only					
Card Number Initials of MSR who helped member complete form Member Telecheck Joint 1 Telecheck Joint 2 Telecheck					