



With the Visa Debit Card from Matanuska Valley Federal Credit Union, you can conveniently access your money with ease knowing you're protected by all of Visa's security fraud protections!

### APPLY TODAY!

Apply today for your Visa Debit Card by completing the application. Once completed, easily submit the application:

- At any of our Community Offices
- By mail: 1020 S. Bailey St.  
Palmer, AK 99645
- By fax: 907-745-9178

### FEATURES

- Withdraw your cash worldwide at any Visa, PLUS or NYCE ATM\*.
- Make purchases anywhere Visa, or Interlink is accepted.
- No annual or monthly fees!
- Get notified by text, email, and phone call when any fraud activity is detected!
- Choose your own customized Personal Identifier Number (PIN) when you activate the card, at any Community Office or any MVFCU-owned ATM.<sup>§</sup>
- Set up account alerts on MV Online to know when your debit card transactions clear.

*\*Surcharge fee(s) may apply at non-MVFCU ATMs  
 § Must know your current PIN to access this feature.  
 Refer to the MVFCU Fee Schedule for any associated fees.*



### CONTACT US

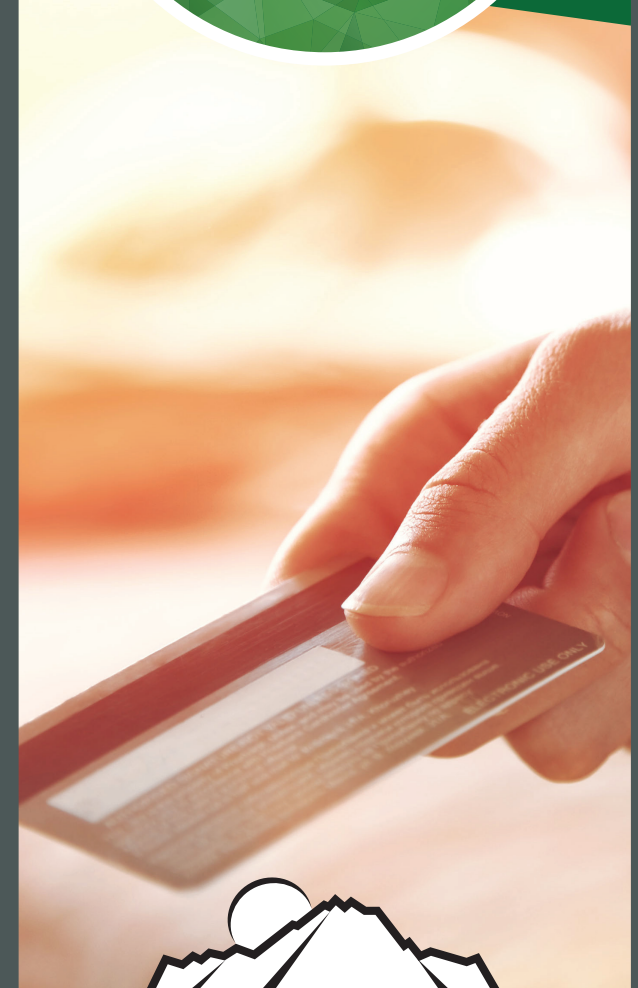
[WWW.MVFCU.COOP](http://WWW.MVFCU.COOP)

**MAT-SU:** 907-745-4891  
**ER/ANCH:** 907-694-4891  
**HAWAII:** 808-677-6206



# VISA DEBIT CARD APPLICATION

THE EASE OF A CHECK,  
JUST BETTER!



REV 2/13/2024

INSURED BY NCUA

# VISA DEBIT CARD APPLICATION



Account Number:

Applicant's Name: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_  
*(If applicant is under 18)*

Call Back Phone Number:  -  -

Email Address: \_\_\_\_\_

For ATM Savings Access (choose one): Regular Savings (99)  Money Market (20)

Do you wish to have access to your existing Line of Credit on this card? Yes  No  N/A

**If you would like to apply for a Line of Credit please call (907) 745-4891.**

## PLEASE READ BEFORE SIGNING:

I hereby request that a Visa Debit Card be issued to me. I understand that the use of my Visa Debit Card shall be governed by the terms of the membership and account agreement, bylaws, rules, regulations, or applicable law, and such other terms, conditions, and/or amendments as may be established from time to time and communicated to me in writing.

Applicant Signature: \_\_\_\_\_ Date:  -  -

Responsible Party's Signature: \_\_\_\_\_ Date:  -  -   
*(If applicant is under 18)*

Your Visa Debit Card will be mailed to the address on your account.

## RECENTLY CHANGED YOUR CONTACT INFORMATION? PLEASE UPDATE US!

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Accounts Affected:



**MATANUSKA VALLEY**  
FEDERAL CREDIT UNION