



Platinum Debit Rewards Card Application

Account #:

Date:

You are required to have an NIHFCU checking account to apply for this service. We will not be able to process your request without your signature. Please call our Member Contact & Support Center at (301) 718-0208 if you have any questions.

Please visit our website nihfcu.org to review the Disclosure and Verified by Visa Security Information.

Primary

Joint

Name:
Address:

Home Phone:
SSN:
Date of Birth:

Name:
Address:

Home Phone:
SSN:
Date of Birth:

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

X
Member Signature Date

X
Joint Owner Signature Date

X
NIHFCU Employee Signature Date

NIHFCU Employee Print Name

To submit, please fax, mail or email completed and signed form along with any requested supporting documentation to:

NIHFCU Attention: Member Contact & Support Center
Fax: 301.770.5372

Scan & Email: cards@nihfcu.org

Mail: P.O. Box 6475 Rockville, MD 20849-6475

Or, you may drop this form off at any NIHFCU branch location