



## VISA® Retail Check Card Application Request

Thank you for choosing Firsttrust for your banking needs.

**Step 1.** Print out this form.

**Step 2.** Fill out this form.

**Step 3.** Mail us the signed print out of the form.

### Applicant Information

Name:

Social Security Number:

Address:

City:

State:  Zip Code:

Telephone Number:

Daytime:

Evening:

Email:

Record your PIN here.

Please select all letters or all numbers. Do not select '1234' or 4 consecutive numbers or letters.

You acknowledge that your PIN is an identification code that is personal and confidential and agree to take all reasonable precautions so that no one else learns your PIN.

### 2nd Applicant Information (When there are two applicants, each applicant will receive a card.)

Name:

Social Security Number:

Address:

City:

State:  Zip Code:

Telephone Number:

Daytime:

Evening:

Email:

Record your PIN here.

Please select all letters or all numbers. Do not select '1234' or 4 consecutive numbers or letters.

You acknowledge that your PIN is an identification code that is personal and confidential and agree to take all reasonable precautions so that no one else learns your PIN.

## Account Information

You must have a checking account to receive a Firsttrust VISA Retail Check Card and you may be subject to credit approval.

Firsttrust Checking Account #

Savings or Money Market Account #  (if applicable)

## Your Signature

I agree that use of my card indicates my agreement to the terms and conditions contained in the Firsttrust Bank Visa Retail Check Card and ATM Cardholder Agreement and Disclosure Statement, which I will receive with my card. Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Applicant Signature \_\_\_\_\_

Date

Applicant Signature \_\_\_\_\_

Date

### Mail Signed Form to:

**Firsttrust Bank  
Attn: Fulfillment Center  
1931 Cottman Avenue  
Philadelphia, PA 19111**



**MEMBER FDIC**