



Complete and return to:
 GEICO Federal Credit Union
 5260 Western Avenue
 Chevy Chase, MD 20815

YES! Please send me a GEICO FCU
 Visa Check Card.⁺

Member Name _____

Member Number _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone/Ext. _____

Joint Owner (if ordering second card) _____

Home Phone _____

Work Phone/Ext. _____

PLEASE READ CAREFULLY BEFORE SIGNING:

By signing below, I/we agree to be liable for all transactions of any kind performed by me/us or anyone to whom I/we entrust my/our card. I/We also agree that use of my/our card constitutes consent to the effective rules and regulations. I/We authorize you to check my/our account(s), credit and obtain reports from third parties to determine my/our eligibility.

Primary

Signature _____

Date _____

Joint

Signature _____

Date _____

NOTE: Your current ATM card will be blocked and will no longer work two weeks after your new GEICO FCU Visa Check Card is ordered.

⁺Issuance of the GEICO FCU Visa Check Card is subject to eligibility.

For Office Use
Received: _____
Approved: Yes No
Processed By: _____
Date Issued: _____