

Member's Name (Print) _____

Account Number _____

Home Number _____ Work or Cell Number _____

Email Address _____

Check the card you want (choose one):

- Visa® Debit Card (you must have a Dominion Energy CU Checking Account to apply for this card)
- ATM Card (Dominion Energy CU Savings Account only)

Please read carefully:

By signing this application, I/we agree to the terms and conditions of the Dominion Energy Credit Union Visa Debit Card/ATM Card Disclosure, which is available at any Credit Union location or by calling the Credit Union Member Service Center at 800.268.MYCU.

Member's Signature _____

Date _____

- Please also issue a card for the Joint Owner on my account. (A Joint Owner may apply for a card provided he or she is joint on the savings and checking accounts.)

Joint Owner's Name (Print) _____

Joint Owner's Signature _____

Date _____

Please complete and fax or mail the application to:

Dominion Energy Credit Union • One James River Plaza

PO Box 26646, Richmond, VA 23261-6646

Fax to 804.771.3768

Inter-office Mail

15th Floor, VA-OJRP