



## Visa Check Card Application

**Checkless Checking, Worldwide** It's not a charge card. It's a cash card. And it lets you use your checking account without writing a check at millions of Visa merchants worldwide. Present your Visa Check card to any Visa merchant and the amount of your purchase will be electronically deducted from your checking account.

**Cash** from your checking account at thousands of Visa financial Institutions around the world. Just present your Visa Check card and ask for a cash advance.

**24 Hour-A-Day Banking** , including deposits,\* transfers, withdrawals and balance inquiries, at any HONOR, STAR, PLUS, BANKMATE, ChecOKard, MPACT, SCS, TransFund, or Visa ATM around the world,

**\$150,000 Common Carrier Life Insurance** , when you purchase travel tickets for your immediate family.

When you've completed your application, you have three choices of how to submit your application:

- Print these completed pages and **FAX** your order to **785-478-4876**.
- Print these completed pages and **MAIL** them in an envelope addressed to:

Kaw Valley Bank  
Attn: Visa Check Card Dept  
1110 North Kansas Avenue  
PO Box 8009  
Topeka, KS 66608-0009

- Alternatively, feel free to drop off the completed form at any of our eight Topeka locations. For a listing of these locations, see [Branches](#).

### Applicant Information

Name (First, MI, Last): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Previous Address (if less than 6 months at current address) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Citizenship: United States: \_\_\_\_\_ Other: \_\_\_\_\_ Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Annual Income: \_\_\_\_\_

Previous Employer (if less than 2 years): \_\_\_\_\_

Email address (optional): \_\_\_\_\_

**Accounts to be Accessed** (up to four checking and savings, one checking required)

| Account Number | Type:    |
|----------------|----------|
| _____          | Checking |
| _____          | _____    |
| _____          | _____    |
| _____          | _____    |
| _____          | _____    |
| _____          | _____    |

**Co-Applicant (If any)**

Name (First, MI, Last): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Citizenship: United States: \_\_\_\_\_ Other: \_\_\_\_\_ Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Annual Income: \_\_\_\_\_

Previous Employer Name (if less than two years): \_\_\_\_\_

**(Please print, sign and mail or deliver to bank.)**

The information above is true and complete. I request that you issue a Visa Check card(s) in the name(s) shown above and that you renew and replace the card(s) until notice to the contrary is given. I authorize you to investigate my credit and to report to others on your credit experience with me. I promise to pay, in accordance with the current Visa Check card Customer Agreement, all debits, fees and extensions of credit generated by usage of the card(s).

Signature Required:

Applicant's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Co-Applicant (if any) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_