

Florida State Employees Federal Credit Union Quik Check Card Application

Please print and then complete the application below as instructed and return to:
PO Box 11003, Pensacola, FL 32524
Florida State Employees Federal Credit Union

Member Information

Name:		Account #:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Social Security Number:		Date of Birth:	

Joint Owner Information

Name:		Account #:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Social Security Number:		Date Of Birth:	

I/we authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit history. If this application is approved and a Quik Check Card is issued, the undersigned applicant(s) by signing, using, or permitting another to use the Quik Check Card agree to be bound by the terms and conditions accompanying the Quik Check Card and all amendments.

Primary Member Signature		Joint Member Signature	
Date		Date	

New checking accounts must be opened a minimum of one month in good standing before the application will be processed.

Office Use Only: