



FOR CREDIT UNION USE ONLY

Card Number: _____

Date Ordered: _____

Expiration Date: _____

Authorizing Officer: _____

VISA® DEBIT CARD APPLICATION

Account Number: _____

Date Account Opened: _____

Requested Limits: Daily ATM Withdrawal (up to \$500): _____ Daily Purchases (up to \$500): _____

CARDHOLDER INFORMATION

First Name	MI	Last Name
Social Security Number		
Mothers Maiden Name		
Address		
City	ST	Zip
Home Phone		
Cell Phone		
Date of Birth		

For Business / LLC/ Club Accounts, etc.

Name of Business, LLC, etc.
Would you like the above name printed on the card?
<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR CREDIT UNION USE ONLY

To apply for a M-O Federal Credit Union Advantage VISA® Debit Card, you must have a checking account with us. All purchases will be deducted from your primary checking account. In consideration of the receipt of the Advantage Card, and the privileges to which the holder thereof is entitled, Cardholder, hereby agrees to the following terms and conditions as to the use of said Card:

A) The Card and its coding is and remains the property of: **M-O Federal Credit Union, Huron SD 57350** and Cardholder agrees to surrender said Advantage Card to Credit Union immediately upon request or when Cardholder closes or otherwise changes the status of account(s) in credit union, as hereinafter defined. The Credit Union reserves the right to cancel and/or modify any or all privileges, without notice.

B) As used in this agreement the term account(s) shall include the following account(s):

Checking Account #: _____ Savings Account #: _____ Other: _____

