

**For Credit Union Use Only**

Card Number: _____

Expiration Date: _____

Date Ordered: _____ Ordered By: _____

Visa® ATM / Debit Card Application

Account Number: _____

Date Account Opened: _____

☐ **Default Max. Limits:** ATM/PIN Transactions: \$500
(daily per account) Signature Transactions: \$1,000☐ **Requested Limits:** ATM/PIN Transactions: \$ _____
(lower than default) Signature Transactions: \$ _____**Cardholder Information**

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

For Business / LLC/ Club Accounts, etc.

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

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Cardholder Alerts

Receive real-time notifications regarding card transactions as a text or email message. Select which alerts you would like to receive (*right*) and provide the method in which you would like to receive the alerts (*below*):

Cell # _____

OR

Email: _____

** these alerts can be changed at any time***Alert Type****Threshold**

- | | |
|--|---|
| <input type="checkbox"/> Funds Added (<i>returns/ATM deposit</i>) | \$ _____ |
| <input type="checkbox"/> Funds Removed (<i>PIN transaction</i>) | \$ _____ |
| <input type="checkbox"/> Signature Transaction | \$ _____ |
| <input type="checkbox"/> Card Status Change (<i>active/restricted</i>) | |
| <input type="checkbox"/> Suspected Fraud | <input type="checkbox"/> Declined Transaction |
| <input type="checkbox"/> Card Not Present (<i>online/phone</i>) | <input type="checkbox"/> Out of State |
| <input type="checkbox"/> International | <input type="checkbox"/> Pay at the Pump |

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 / Share Draft Account #: _____ Share / Savings Account #: _____
- C) Cardholder agrees to use this Card and machine as instructed and only for purpose authorized by Credit Union. Transactions may be initiated against Cardholder's account(s) only by the combined use of the Card and personal identification number (PIN) or if using the Card at participating merchants. When you swipe your Card at some merchant terminals, you may be prompted with a certain payment method. You have the right to select the payment method you prefer if the merchant accepts both signature (credit) and PIN-based (debit) transactions. Cardholder agrees not to authorize or permit any person to use the Card. Cardholder will not disclose their PIN to anyone, nor otherwise record it on the Card. Cardholder agrees that in any event, except as specifically provided in paragraph (D & D-1) below, all transactions made to Cardholder's account(s) by the Credit Union as a result of the Card (or by the use of the Card issued to any other party who is named as joint owner of the affected account) shall be fully binding on Cardholder and the Credit Union is authorized and directed to credit and charge, as the case may be all deposits, withdrawals, purchases, and transfers to or from Cardholder's account(s) and to accept all payments on Cardholder's indebtedness as, when and by whomever made the Card through the use of the machine, without further inquiry.
- D) Cardholder will notify Credit Union if the Card is lost or stolen, or if statement of account(s) contains any unauthorized deposits, purchases, withdrawals or transfers. Cardholder agrees to notify Credit Union of any claim or demand arising from loss, theft or unauthorized usage of the Card within two (2) business days. Failure to notify Credit Union could result in losses up to \$500.00.
- D.1) Debit Card holders are no longer liable for the fraudulent use of their Debit Card provided the Cardholder reports the loss or theft of Card within two (2) business days. After that the liability will be capped at \$50.00. This does not apply to ATM transactions performed at ATM machines.
- E) All deposits and payments shall be subjected to verification. In receiving items for deposit, Credit Union acts only as a collecting institution. The credit union deposits, collections, the responsibility of the credit union and the mutual rights and obligation of the Cardholder and the credit union, shall be governed by the general provisions of the National Credit Union Administration and all other applicable laws, rules, regulations and agreements governing Cardholder's account(s).
- F) Cardholder agrees to examine all transaction receipts promptly and to notify Credit Union of any error within two (2) business days after receipt is received. Credit Union must be notified within sixty (60) days if unauthorized electronic fund transfers appear on your statement. See credit union disclosure for further details.
- G) Credit Union provides this facility to the Cardholder as a credit union service; however, it is possible this service facility may not function properly at all times. The credit union makes no claims or warranties in respect thereto and shall not be held responsible or liable if the facility at any time should fail to function properly.
- H) Cardholder agrees that while maintaining a Card bearing the VISA® logo, with our credit union, that the credit information about you can be obtained from a credit bureau or other sources.
- I) I have received an Electronic Funds Transfer (EFT) Agreement & Disclosure.

By signing below you understand and agree to the terms outlined in this agreement and hereby authorize the issuance of an Advantage Visa® Debit Card.

X

Cardholder Date

X

Guarantor Signature Date