



Please print this page, complete, sign, date, and return to ECFCU at the address listed on the bottom of the form.

VISA DEBIT CARD APPLICATION AND AGREEMENT



Print Member Name Member Social Security # Member Account #

Street Address City, State, Zip Code Phone # Alt Phone #

Please send an additional card for the joint owner on my Accounts. Additional cardholders must be joint on Savings & Checking Accounts. Joint Owner Phone #s

Joint Owner Name Joint Owner Social Security #

A Personal Identification Number (PIN) will be issued with your new Visa Debit Card and sent by separate mailing. All accounts held by member at Employees Choice Federal Credit Union must be in good standing to qualify for a Visa Debit Card. Not all applicants will qualify for a Visa Debit Card.

Please consider my request for an Employees Choice Federal Credit Union Visa Debit Card.

- 1. I understand the Visa Debit Card is not a credit card. Purchases and/or other transactions made with my Visa Debit Card will be deducted from my checking account.
2. The Visa Debit Card remains the property of Employees Choice Federal Credit Union which may, without liability or advance notice, revoke or limit any or all cards used in this Agreement.
3. All ATM deposits are subject to proof and verification. Funds from deposits may not be available for immediate withdrawal.
4. This card may be used for cash withdrawals subject to the terms and conditions of the Electronic Fund Transfers Disclosure and Agreement, of which this Agreement is part.
5. Overdraft Protection: I understand that if I have an overdraft line of credit in conjunction with my checking account that I may use that line of credit to fund any overdraft on my checking account caused by transactions made with my Visa Debit Card.
6. Overdrawn Accounts: Other than the specific overdraft provision above, I may not use my Visa Debit Card to overdraw my checking account.
7. I will hold in strict confidence my Personal Identification Number (PIN).
8. I will notify the Credit Union immediately of loss or theft of this card and/or my PIN.
9. The Credit Union will not be liable for failure to honor the card due to improper use, retrieval of the card by ATM's, or denial at point of sale or credit card machines.
10. I agree to pay any charges incurred in connection with this access device as determined by the Credit Union from time to time.
11. Amendments to this agreement may be provided to me, in accordance with applicable laws, without restatement of the terms above.
12. I authorize you to gather whatever employment and credit information (including the running of a credit report) the credit union considers necessary and appropriate. I understand the credit union will retain this information whether or not a Card is granted.

I have received an Electronic Fund Transfers Agreement and Disclosure and agree to all conditions listed above and in the aforementioned Agreement & Disclosure.

X Member Signature Date X Joint Owner Signature Date

If the member is under the age of 18, this application MUST be signed by a parent or other responsible party.