

STCU VISA Check Card Application

CU Initials: _____ Date: _____

YES! Sign me up for a(n) Individual Account and/or Joint Account VISA Check Card!

PRIMARY INFORMATION:

NAME (First/Middle/Last): _____

STCU Savings/Checking Acct Number (Including last 3 digits): _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Date of Birth: _____ Driver's License#: _____

SIGNATURE: _____ DATE: _____

For Credit Union Use Only:

Visa Check Card Number: 4066-35 _____ - _____ - _____ DES Offset: _____

JOINT INFORMATION:

NAME (First/Middle/Last): _____

STCU Savings/Checking Acct Number (Including last 3 digits): _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Date of Birth: _____ Driver's License#: _____

SIGNATURE: _____ DATE: _____

For Credit Union Use Only:

Visa Check Card Number: 4066-35 _____ - _____ - _____ DES Offset: _____

OVERDRAFT PROTECTION (Required for VISA Check Card):

If you already have overdraft protection for your checking account, there is no need to make a selection below. To arrange for overdraft protection via automatic transfer of funds, or to change your current overdraft protection, (provided you have established these accounts) please indicate in what priority the accounts should be accessed by writing "1" by your first choice, "2" by your second choice, and "3" by your third choice.

____ Share/Savings ____ Line-of-Credit Loan (You must establish this Line of Credit.) ____ Courtesy Pay

PLEASE READ THE DISCLOSURE INFORMATION BEFORE SIGNING:

1. I understand this is NOT a credit card application. 2. I have answered the questions in this application fully and truthfully, and all information provided is correct. 3. I understand that if approved, cards and agreements (if any) will be mailed to the address listed on my credit union acct. 4. If this application is for a joint acct, I understand each signer will be liable for the full amount of all withdrawals. 5. I authorize you to obtain information to check my records and the statements made in this application, and to continue to check my credit reputation from available sources from time to time. 6. By using the VISA Check Card, applicant(s) shall be deemed to have agreed to and accepted the terms and conditions of the VISA Check Card and ATM Agreement, a copy of which will be mailed or given to applicant. 7. If I give my VISA Check Card and PIN to someone who is unauthorized to use my account, I am responsible for those transactions.

Changing Our Agreement: The Agreement can be changed and any charges relating to the use of the card, at any time. If the law requires us to notify you a certain way, we will do so.

Cancellation: The card is our property and can be cancelled at any time to end your privileges. (Note: Accounts cannot be closed until all transactions have been posted.) If your card is cancelled, please cut it in half for safety and return it to us immediately! Thank you.