

Debit/ATM Card Application



To access my (check one)

- Checking
- Checking & Share Savings*

* Must be separate from membership share "A" savings.

OFFICE USE ONLY

Approved by _____ Date _____

Name _____ Date _____

Account # _____ Date of Birth _____

Phone _____ SSN _____

Address _____

City/State/Zip _____

Present Employer _____

Employer Phone _____

Employer _____

Employer Phone _____

Employer _____

Employer Phone _____

Issue card to Joint Owner? Yes No

Joint Owner Name _____

Joint Owner SSN _____ Date of Birth _____

Joint Owner Phone _____

Note: Your application is subject to approval based on credit check and review of account history.

IMPORTANT INFORMATION REGARDING YOUR DEBIT/ATM CARD

The following provides information on any charges that may occur due to transfer of funds or overdrawing your account with your Debit/ATM Card. Please read the following and sign at the end of this disclosure. (If you should have any questions, please ask for an explanation by an employee of Co-op Credit Union before you sign your name below.)

The member share balance of \$5.00 in the savings account may not be used to cover an overdraft of your account at an ATM machine. The share balance in your savings account must be maintained at \$5.00 or above to remain a Co-op Credit Union member. The share amount is subject to change by the CCU Board of Directors.

Statements: You will receive a monthly statement electronically or by mail.

Cash withdrawals carry a fee of \$1.00 in excess of five free in a month. Each account accessible with a Card will remain subject to the fees and charges provided for in the separate agreement or regulations covering that Account Overdraft of NSF fees may be assessed if you overdraw your account at an Automated Teller Machine, Point of Sale Terminal, or Mastercard® Merchant.

Debit/ATM Card replacement fee: \$10.00 each. (Does not apply to renewal cards.)

Your Debit/ATM Card privileges may be discontinued if you overdraw your account at an Automated Teller Machine.

The management of Co-op Credit Union reserves the right to discontinue and member's Debit/ATM Card privileges.

By signing below, I am indicating that I have read and understand the above information. I also understand that KWIK-CASH Overdraft Protection is available under separate contract. If I have KWIK-CASH Overdraft Protection with my Share Draft Checking account, and my use of the Debit/ATM Card causes that account to overdraft, I am, in effect, requesting a KWIK-CASH loan advance.

I understand and agree that I and each person who holds an additional card issued to me and any person to whom that card is given may access my accounts through the Debit/ATM Card. I agree that if any Debit/ATM Card sent to me is used, I will comply with the Debit/ATM Card rules and daily limits.

Date _____

Signature of Member _____

Signature of Joint Owner _____

Please sign and date above. You may drop this application off at any Co-op Credit Union office, fax to (715)284-2152, or return by mail to:

Co-op Credit Union
WWW.RIVERFALLS.CO-OP.CU
PO Box 157
Black River Falls, WI 54615



(800) 258-0023