



VISA DEBIT CARD APPLICATION

NOTE: you must have a Raritan Bay Federal Credit Union checking account to be eligible to receive a VISA Debit Card. Your first card and all cards issued upon expiration are free of charge. **The credit union charges a \$7.50 plastic card replacement fee.** If your card becomes damaged the credit union will waive one replacement card fee per year upon surrender of the damaged card.

Name: _____ Account# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I authorize the Credit Union to obtain credit information as deemed necessary to process my/our request for an VISA Debit Card. I agree to be bound by the terms and conditions of the VISA Debit Card cardholder agreement. I/We also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in-Savings Act, as applicable.

OVERDRAFT PROTECTION

I agree that if any transaction results in an overdraft of our checking account, funds may be transferred from my savings account, and/or a line of credit (if qualified and sufficient credit is available), and/or any other accounts that I may hold at the Credit Union. I understand and agree to these terms and conditions. Further, I agree that the Credit Union is under no obligation to honor a Debit Card transaction that overdraws the available balance in my checking account and provides these overdraft protection services to me as a convenience and service. The Credit Union may discontinue any or all of these services at any time, for any reason, at the Credit Union's sole discretion.

THIS CARD MUST BE ACTIVATED IMMEDIATELY UPON RECEIPT BY CALLING THE 800# PROVIDED ON THE CARD. IF THE CARD IS CANCELLED FOR NON-ACTIVATION YOU MUST REAPPLY AND PAY A \$7.50 REPLACEMENT CARD FEE.

Signature: _____ Date: _____

Raritan Bay FCU Use Only:

MSR Initials: _____ Date: _____

Plastic Card Order Date: _____