

# MasterCard® Debit Card and ATM Card Application

## Via Credit Union

MEMBER NAME: ..... SOCIAL SECURITY NO.: ..... ACCT NO.: .....

MAILING ADDRESS: ..... DATE OF BIRTH: .....

CITY ..... STATE: ..... ZIP: ..... CELL PHONE: ( ) ..... OTHER PHONE: ( ) .....

EMPLOYER: ..... HOW LONG: .....

JOINT OWNER: ..... SOCIAL SECURITY NO.: ..... ACCT NO.: .....

MAILING ADDRESS: ..... DATE OF BIRTH: .....

CITY ..... STATE: ..... ZIP: ..... CELL PHONE: ( ) ..... OTHER PHONE: ( ) .....

EMPLOYER: ..... HOW LONG: .....

I/We are applying for:

MasterCard® Debit Card (also works as an ATM card)

ATM Card **only**

### AGREEMENT

In this agreement the words **you** and **your** mean each person signed on the account or this agreement. The words **credit union, we, us** or **our** refer to **Via Credit Union**. The word **card** refers to the plastic access device.

#### ATM CARD AGREEMENT

- Use of this card as an ATM card requires a 4-digit secret code (sometimes called a "PIN Number"). You agree to memorize this number and accept responsibility for its use. (Never write it on the card or keep it with the card!)
- You agree to notify us IMMEDIATELY at (765) 674-6631 if your PIN is compromised. Otherwise we may treat all account activity generated through the use of your card as authorized by you.
- You agree to abide by the withdrawal maximums placed on your card.
- You understand that the credit union cannot be held liable for your inability to complete an ATM transaction or for the malfunction of an ATM.
- You understand that all transactions are binding on all joint owners of the account.
- You acknowledge having received an **Account Agreement** from us and understand that the terms and conditions of our savings and loan accounts as well as our checking account remain in force even though accessed with a card.
- If you overdraw your account through use of this card, you understand there is a fee and promise to reimburse the credit union immediately for the amount we paid. You authorize us to recover funds due from any account on which your name appears. You agree to pay attorney's fees incurred in attempting to collect from you.
- You agree that all overdraft options set for your checking account may be accessed by card usage.
- You understand if any loan(s) on the account is 15 days or more delinquent the card will be disabled until the loan(s) is brought current.

- If the amount of money found in your deposit at an ATM differs from the amount credited to your account or that you say is in the envelope, we will credit your account with the amount found in the envelope. You understand that funds deposited in an ATM might not be immediately available to you.
- You understand this agreement is subject to change at any time by the credit union upon 21 days notice to you. This notice will be mailed to your last known address.

#### ADDITIONAL MasterCard Debit

- This card can be used as a Debit Card (in place of a hand-written check.) Debit Card transactions utilize a PIN rather than a SIGNATURE.
- You agree the credit union cannot be held liable for a merchant's (or terminal's) acceptance or non-acceptance of this card.
- You understand that the credit union may charge withdrawals to the checking account in the order presented, and if the balance is not sufficient to cover all withdrawals, the credit union may pay Card transactions and dishonor checks.
- The credit union cannot honor stop-payment requests on MasterCard® Debit Card transactions.
- The Card will remain the property of the credit union, and you agree to surrender the Card to the credit union at any time upon request.
- For your protection, ViaCU debit/ATM cards will not be accepted in 'high risk' countries. Please visit [www.viacu.org/accounts/debit-card.html#countries](http://www.viacu.org/accounts/debit-card.html#countries) for complete list of restricted countries.

### TO BE COMPLETED BY MEMBER:

*I hereby apply for an ATM Card or MasterCard® debit card and agree to the above terms and conditions. I certify that the personal information above is true and complete, and authorize Via Credit Union to obtain a credit bureau report and utilize other available resources to verify my credit history.*

Please attach this card to:  Membership Shares only  Membership Shares and Checking  Other share I.D.s \_\_\_\_\_

### Signature(s)

PRIMARY MEMBER \_\_\_\_\_ DATE \_\_\_\_\_ JOINT OWNER \_\_\_\_\_ DATE \_\_\_\_\_

### For Credit Union Use Only:

Approving Officer: \_\_\_\_\_  MasterCard® Debit  ATM only Date: \_\_\_\_\_