

# Vermillion Federal Credit Union

## DEBIT CARD APPLICATION AND CREDIT AGREEMENT

Return this form to the Vermillion Federal Credit Union office.

Please complete all information on this application, an incomplete or unsigned form may delay processing.

**\*\*\* If your debit card is inactive for three consecutive months, the debit card is subject to being closed. \*\*\***

Please print your name as you request it to appear on your debit card:

**First Cardholder:** \_\_\_\_\_

**Second Cardholder:** \_\_\_\_\_

**Line of credit** (overdraft protection) loan is available, please ask for an application or see loan officer.

You can obtain credit advances in any manner authorized by us by signing the opt-in agreement. If we allow you to use your ATM/Debit card you may be liable for the unauthorized use of your ATM/Debit card. You will not be liable for unauthorized use that occurs after you notify us, orally or in writing, of the loss, theft, or possible unauthorized use. If you believe your ATM/Debit card has been lost or stolen, immediately inform Vermillion FCU by calling or writing us. If the card is used to obtain unauthorized advances, your liability will not exceed \$50. If the unauthorized withdrawal is from a share draft account, your liability is governed by the Regulation E disclosures you received at the time you received your ATM/Debit card, even if the withdrawal results in an advance being made from your overdraft subaccount.

### PRIMARY ACCOUNTHOLDER

Name:		Account Number:	
Address:		City, State, Zip:	
Date of Birth:	SSN:	Driver's License #:	
Email address:		Cell Phone Number:	
Home Phone Number:		Work Phone Number:	
Employer's Name and Address:			MMN:

### CO-APPLICANT OR SECONDARY ACCOUNTHOLDER

Name:		Account Number:	
Address:		City, State, Zip:	
Date of Birth:	SSN:	Driver's License #:	
Email address:		Cell Phone Number:	
Home Phone Number:		Work Phone Number:	
Employer's Name and Address:			MMN:

### VERMILLION FEDERAL CREDIT UNION DEBIT CARD APPLICATION AND CREDIT AGREEMENT

I have read the agreement. By signing below I agree to be bound by the terms of this agreement. I certify that everything I have stated in this application is correct to the best of my knowledge and that the above information is a complete.

If there are any important changes, I will notify the credit union in writing immediately.

If a replacement card is requested, I realize I am responsible for the \$10 card replacement fee.

I also agree to notify the credit union of any changes in my name, address, or employment within a reasonable time thereafter.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

### VERMILLION FEDERAL CREDIT UNION

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