



Visa Check Card APPLICATION

I/We hereby request that Heart of Louisiana Federal Credit Union (the Credit Union) issue me/us a Visa Check Card. I/We understand the functions and uses of this card, and agree to comply with: the terms and conditions I/we will receive with issuance of the card(s); any future changes to its terms and conditions; and the Visa Check Card related fees and service charges in effect now and in the future.

I/We authorize Heart of Louisiana Federal Credit Union to obtain a credit report or other third party information prior to approval and issuance of the Visa Check Card.

I/We understand that each cardholder identified below is individually responsible for all transactions and all cardholders are jointly responsible for all transactions. I/We further agree that either I/we or the Credit Union may cancel card use privileges at any time, however, the card(s) remains the property of the Credit Union. I/We agree to return the card(s) to the Credit Union at its demand or pay the fee assessed for non-surrender.

I/We understand that I/we may arrange for overdraft protection for my Share Draft account only by completing the "REQUEST FOR AUTOMATIC OVERDRAFT COVERAGE" section of the Credit Union's Share Draft account application and agreement.

Visa Check Card related fees and service charges:

- ◆ Overdraft Item: \$25.00 per transaction, which results in a negative Share Draft, account balance.
- ◆ Automatic Overdraft Transfer: \$2.00 assessed per automatic transfer to Share Draft account.
- ◆ ATM Transaction: \$2.00 assessed per withdrawal in excess of the four (4) per month at no charge. This fee applies only to withdrawals at non-Alexandria USDA Federal Credit Union owned machines. (Use of our machines is unlimited and not subject to fee.)
- ◆ Card Replacement: \$3.00 per card replaced for any reason.
- ◆ Priority Issue Card Replacement: \$15.00 per card replaced for any reason.
- ◆ Block/Non-Surrender: \$15.00 per account if card(s) not returned to us on demand.
- ◆ Sales Slip Copy: \$15.00 per transaction documentation request.
- ◆ Research: \$20.00 per hour.

To Be Completed By Member

----- Cardholder Information -----

Name 1 _____ Name 2 _____

Address _____ DOB: _____

City _____ State _____ Zip _____ Mother's Maiden Name: _____

Home Phone: _____ Work Phone: _____

SS# _____ SS# _____

Signature _____ Date ____/____/____ Signature _____ Date ____/____/____

To Be Completed By Credit Union

Account # _____ Card # 4730 830 _____ Taken By _____ Date ____/____/____

Tele Check (1-866-441-7031) Reference Information: Approval Number _____ Denial Code _____

Card Order Status: New _____ Lost/Stolen _____ Number To Be Purged in .ACCS:4730830 _____

Pin Issued: Yes _____ No _____

Attained Card number in SmarTerm Teller # _____ Date ____/____/____

Embossed Card in Pass-thru Teller # _____ Date ____/____/____

Visa Check Card **Maintenance**

To Be Completed By Credit Union

PRIMARY MEMBER'S NAME _____ ACCOUNT NO. _____

JOINT MEMBER'S NAME _____

CARD NUMBER: 4730 830__ _ _ _ _ _ EXPIRATION DATE: ___ / ___

THE CARDHOLDER IS REQUESTING THE FOLLOWING MAINTENANCE:

_____ PIN Request Only

_____ Additional Card Only
Additional Name _____

_____ Open Account with returned cards (# of cards returned ___ destroyed by _____)

_____ Closed Account – Delete All Cards (# of cards returned ___ destroyed by _____)

_____ Closed Account – Block Cards (**No Cards Returned**) Initial fees collected _____

_____ Delete Individual Only (# of cards returned ___ destroyed by _____)

_____ Name Spelled Incorrectly
Correct Name _____

_____ Other – Please Explain _____

Request Taken By: _____ Date: _____