

Envision Credit Union
Debit Card Application
(must have checking account)

Name _____ Member # _____

Social Security # _____

Phone # _____ Work Phone # _____

This application authorizes review of my (our) credit and I (We) certify that all information is true and complete. I (We) also authorize Envision Credit Union (Credit Union) to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved and a VISA debit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the VISA debit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions disclosed for the VISA debit card(s) and all amendments. Upon approval, should an overdraft occur on my account as a result of a debit card transaction, overdraft protection will be handled in accordance with the most recent over- draft protection agreement on file. The Credit Union may refuse at any time to exercise this option should any loans or fees be delinquent or in default or at the sole discretion of the Credit Union. A fee will be assessed for each account from which a transfer of funds is made as indicated in the Fee for Services schedule.

I acknowledge and agree to have _____ as an authorized user of a VISA debit card issued under my account number and name. I understand that as an authorized user, he/she will have full access to, but not limited to my share, checking, line-of-credit loan or any other accounts accessible with my card from time to time at designated automated teller machines, point-of-sale terminals and VISA authorization terminals. I understand and acknowledge that this agreement may be revoked by me at any time in writing, and that the access card issued to the authorized user must be surrendered to the Credit Union at the time of revocation. Authorized trans- actions performed by the authorized user, up to the date of revocation and acceptance by the Credit Union, shall be valid and binding on my account pursuant to all terms of this application agreement and the Credit Union's electronic funds transfer disclosure. I agree that any joint owner/authorized user who has possession of my VISA debit card is authorized to change my PIN (Personal Identification Number). A fee will be assessed for each replacement and joint user card issued as indicated in the fee for services schedule.

Member Signature _____ Date _____

Co-User Signature _____ Date _____

Co-User (print name) _____ Social Security # _____

Credit Union Use Only

Card(s) Requested for: Member Joint

Application approved by: _____

Date sent to Visa Department: _____

Debit card ordered by: _____