

# ATM/Debit Card Application

Please return to AAA Federal Credit Union • PO Box 3788 • South Bend, IN, 46619

## Primary Application

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

## Joint Application

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

## Nearest Relative

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

This statement is submitted to obtain and to certify all information is true and complete. By signing the application, you authorize AAA Federal Credit Union to verify or obtain further information which may be necessary in regards to your credit standing. If this application is approved and a Visa Check Card(s) issued, the undersigned applicant(s) by signing, using, or permitting another to use the Visa Check Card(s), agree(s) the applicant(s) will be bound by the terms and conditions accompanying the Visa Check Card(s) and all amendments. Your signature(s) represent(s) acknowledgement of receipt and agreement of the terms and conditions of the Visa Check Card Agreement and Disclosure.

### Overdrafts

Overdraft Liability. If on any day, the funds in your share account are not sufficient to cover drafts, fees or other items posted to your account those amounts will be handled in accordance with your overdraft procedures or any overdraft protection plan you have with us. The Credit Union's determination of an insufficient account balance may be made at any time between presentation and the Credit Union's midnight deadline with only one review of the account required. We do not have to notify you if your account does not have funds to cover drafts, fees or other posted items. Whether the item is paid or returned, your account may be subject to a charge as set in the Rate and Fee Schedule. Except as otherwise agreed in writing, we, by covering one or any overdraft, do not agree to cover overdrafts in the future and may discontinue covering overdrafts at any time without notice. If we pay a draft or impose a fee that would otherwise overdraw your account, you agree to pay this overdrawn amount immediately. We reserve the right to pursue collection of previously dishonored items at any time, including giving a paycor bank extra time beyond any midnight deadline limits.

Overdraft Protection Plan. If we have approved an overdraft protection plan for your account, we will honor drafts drawn on insufficient funds by transferring funds from another account under this Agreement or a loan account, as you have directed, or as required under the Credit Union's overdraft protection policy. The fee for overdraft transfers, is set forth on the Rate and Fee Schedule. This agreement governs all transfers, except those governed by agreements for loan accounts.

Primary Signature \_\_\_\_\_ Joint Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_