



Visa Check Card Application



APPLICANT NAME (LAST, FIRST, MIDDLE)

CO-APPLICANT NAME (LAST, FIRST, MIDDLE)

HOME ADDRESS (STREET & NO.)

HOME ADDRESS (STREET & NO.)

CITY, STATE, ZIP

CITY, STATE, ZIP

HOME TELEPHONE NO.

CELLPHONE NO.

PHONE NO. (IF DIFFERENT THAN APPLICANT)

SOCIAL SECURITY NO.

DATE OF BIRTH

SOCIAL SECURITY NO.

DATE OF BIRTH

ACCOUNT INFORMATION

ACCOUNT INFORMATION

Checking/Share Draft Account Number

Checking/Share Draft Account Number

E-mail:

I/We acknowledge that I/we have received a copy of the Visa Check Card Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of that Agreement. I/We also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Funds Transfer Act and Truth-in-Savings Act, as applicable.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

X

X

FOR OFFICE USE ONLY

PIN NUMBER ASSIGNED

DATE ASSIGNED

PLEASE MOISTEN, FOLD & SEAL TO MAIL



VISA CHECK CARDS

The following limitations on transactions may apply:

You may make 20 purchases per day.

You may purchase up to a maximum of \$4,505.00 per day.

You may withdraw up to a maximum of \$510.00 in any day
From an ATM machine.

Fees: Application fee \$7.00

We do not charge for any POS transactions at the
Present time.

Annual card fee of \$10.00, taken from share draft
Account in January. Members over 55 are free.

Replacement card fee of \$10.00 per card.

Nonsufficient funds fee of \$30.00.

When making POS transactions with your card, it is advised
That you pick Credit and sign for the transactions.
Using the card as a credit gives you more protection
If there is an error with the transaction.

To make purchases with your card, the money needs to be in
Your share draft account. You can withdraw money
From an ATM using your share draft or savings
Account.

MERHO Federal Credit Union New Overdraft Rules for Your Debit/Visa Check Cards

What You Need to Know about Overdrafts and Overdraft Fees

The Staff and Board of Directors at MERHO Federal Credit Union want our members to know that we consider you "a part of the family." You are not just a customer or an account number, but a member, a member that we strive to treat with the utmost respect and courtesy.....just like we want to be treated.

Due to regulatory changes adopted by the Board of Governors of the Federal Reserve, we are now required to change our standard overdraft practices that apply to all checking accounts. First, it is important that you understand what is meant by the term "overdraft". An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Currently, our standard practices link your checking account to your savings account **(share 1 only.)** An amount will automatically pull from that savings (if your checking account becomes overdrawn) to cover a transaction at no charge. **This will continue with no change.**

Our standard practice also permits MERHO FCU to authorize and pay overdrafts at its discretion for: checks, ACH transactions, bill-pay transactions, ATM transactions and debit card transactions. However, these regulatory changes will require MERHO FCU **to discontinue** overdraft services for ATM and debit card transactions unless you agree to "OPT-IN." *You may revoke this service at any time and cancel your debit card.

This means that unless you authorize us to continue to pay overdrafts on your ATM and debit card transactions, at our discretion, we must decline any ATM or debit card transaction that overdraws your account.

What fees will I be charged if MERHO FCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$30.00 each time we pay an overdraft.
- Also, if your account is overdrawn for 5 or more consecutive business days, we may charge you an additional \$5 per day.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want MERHO FCU to authorize and pay overdrafts on ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete form below and return to one of our offices or mail to MERHO FCU, 194 Donald Lane, Johnstown, PA 15904. Form must be returned and be on file or we will **NOT** pay overdrafts on ATM and everyday debit card transactions. **Excessive overdrafts will then be subject to suspension of your debit card privileges.**

_____ I want MERHO FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name _____

Account Number _____

Date _____

Signature _____

***Merho FCU reserves the right to revoke your VISA Check Card privileges if it is determined that fraudulent activity or abuse has occurred with your card.**



TELEPHONE CUSTOMER PROTECTION ACT 47 U. S. C. § 227

You agree that we and any of our affiliates, agents, service providers or assignees may call you, leave you a voice, pre-recorded, or artificial voice message, or send you a text, e-mail, or other electronic message for any purpose related to your loan with us, our products and services, or surveys or research (each a "Communication"). You agree that we and any of our affiliates, agents, service providers or assignees may call or text you at any telephone number associated with your loan, including cellular telephone numbers, and may send an e-mail to any e-mail address associated with your loan. You also agree that we and any of our affiliates, agents, service providers or assignees may include your personal information in a Communication and may conduct a Communication using an automatic telephone dialing system. We will not charge you for a Communication, but your service providers may. In addition, you understand and agree we and any of our affiliates, agents, service providers or assignees may always communicate with you in any manner permissible by law that does not require your prior consent.

Email Address

Cell Phone Number

Signature

Date

TO VISA CHECK CARD CO-ORDINATOR

I would like the pin number on my Visa Check Card to be_____. (4 digits)

Signature of Cardholder**

Date

Please mail this form to:

**MERHO FEDERAL CREDIT UNION
ATTN: CARD DEPARTMENT
15 IRENE ST
JOHNSTOWN, PA 15905**

****Please note: A credit report may be pulled on applicants to determine credit worthiness.**

OFFICE USE ONLY:

Account Number: _____