

MARICOPA SANTA FE FEDERAL CREDIT UNION  
8601 N BLACK CANYON HIGHWAY, Suite 105  
PHOENIX, AZ 85021  
(602) 266-7781 fax (602) 230-7950

Acct #

### VISA DEBIT/CHECK CARD AGREEMENTS AND APPLICATION

I/we (hereinafter known as I), hereby request Maricopa Santa Fe Federal Credit Union (hereinafter known as MSFFCU) to issue a Visa Debit/Check Card and PIN (Personal Identification Number) encoded to enable me access to make withdrawals from my regular share account and/or share draft account by using my card and PIN at ATM's as indicated by MSFFCU. I may also make purchases from businesses permitting Visa Debit/Check Card use. I understand that:

The Card and Machines are provided as a convenience to me for making withdrawals between myself and MSFFCU. My regular share and/or share draft account terms and conditions shall govern all transactions for which I use my Card. I understand by using my Visa Debit/Check card, I shall be bound by these terms and agreements including, but not limited to provisions relating to the payment of attorney's fees and costs if any. I also understand that the credit union may change the terms of this agreement at any time.

I understand also that my Visa Debit/Check Card, supplied by MSFFCU, remains the property of the Credit Union as are any renewal or replacement cards, issued by the Credit Union, and that the location and usage of any machines shall be determined and/or changed by MSFFCU at any time, without prior notice. MSFFCU MAY TERMINATE USAGE OF THE VISA DEBIT/CHECK CARD AT ANY TIME FOR ANY REASON WITHOUT NOTICE. Upon demand, I will immediately return the Visa Debit/Check Card to MSFFCU, or upon termination of agreements relating to the use of machines between MSFFCU and any financial institution making services available to MSFFCU Members. It is specifically agreed that MSFFCU would not issue the Visa Debit/Check Card were it not for the Member's agreement to the matters stated in this paragraph. The machine shall be operated only in accordance with the institutions furnished to me and only for transactions permitted by MSFFCU. These transactions are subject to limitations on dollar amounts and frequency of use, as determined by MSFFCU. The accounts to be used in conjunction with the machine will be agreed to between MSFFCU and myself. A record of each transaction may evidence use of the machine. All transactions are subject to verification by MSFFCU and entered on MSFFCU records. The Card's initial expiration date will be approximately three years from issue and subject to renewal periodically. Also, card usage may be suspended and/or privileges terminated due to excessive NSF's and/or other abuses.

IF THE CARD IS LOST OR STOLEN THE CREDIT UNION MUST BE NOTIFIED IMMEDIATELY. IF CARD IS STOLEN, IT MUST BE REPORTED TO THE POLICE DEPARTMENT AS WELL. THE CREDIT UNION MAY BE CONTACTED DURING NORMAL CREDIT UNION HOURS, CALL (602) 266-7781. AFTER BUSINESS HOURS, CALL: 1-800-658-6644.

In the event of errors the credit union must be contacted within (60) days of the transaction date at the above number.

A STOP PAYMENT ORDER CANNOT BE ACCEPTED IF THE CARD IS USED IN PLACE OF A DRAFT.

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I hereby apply for a Visa Debit/Check card and acknowledge receipt of a Visa Debit/Check Card Agreement, Electronic Funds Disclosure, Share and/or Share Draft Account Policies, and a Rate & Fee Schedule.

Members Signature \_\_\_\_\_ Joint Owner's Signature \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_ City State Zip code \_\_\_\_\_

Daytime Phone Date \_\_\_\_\_ Daytime Phone Date \_\_\_\_\_

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\*\*Tier Level ATM Only Debit Card, 1, 2, 3, 4

Mbr Card Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Jt Mbr Card Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Replacement Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_