



DEBIT CARD APPLICATION

NEW DEBIT CARD \_\_\_\_\_ ADDITIONAL CARD FOR JOINT \_\_\_\_\_ REPLACE LOST OR STOLEN CARD \_\_\_\_\_
REPLACE WORN CARD \_\_\_\_\_ OLD CARD #5360670000 \_\_\_\_\_ (LAST SIX DIGITS)
NAME CHANGE PRIMARY \_\_\_\_\_ JOINT \_\_\_\_\_ (PRIMARY LAST NAME) \_\_\_\_\_
EMPLOYEE INITIALS \_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED.

Form with fields: Last Name (Primary), First Name, MI, SSN, DOB, Cell Number; Last Name (Joint), First Name, MI, SSN, DOB, Cell Number; Street Address, City, State, Zip; Home Phone, Share Account Number

AGREEMENT OF DISCLOSURE

I/WE AUTHORIZE THE SETUP OF THE ABOVE MENTIONED ACCOUNT FOR USE WITH THE DEBIT CARD BEING ISSUED. I/WE AGREE TO THE TERMS AND CONDITIONS GOVERNING INSTANT ACCESS BANKING SERVICES AS DESCRIBED IN THE 1ST GATEWAY CREDIT UNION DISCLOSURE AGREEMENT UNDER 'ELECTRONIC FUND TRANSFERS'. I/WE AGREE THAT INQUIRIES MAY BE MADE TO VERIFY INFORMATION AND THAT CREDIT REFERENCES OR VERIFICATION MAY BE GIVEN BASED ON INQUIRIES FROM OTHER PARTIES. APPROVAL OF THIS APPLICATION IS SUBJECT TO THE POLICIES OF THIS INSTITUTION.

ALL OWNERS MUST SIGN FOR NEW CARDS. OWNER OF CARD MUST SIGN FOR REPLACEMENT CARD. CURRENT BEACONS NEEDED FOR ALL OWNERS ON NEW CARDS. (MAX 2 CARDS PER ACCOUNT)

Form with fields: PRIMARY OWNERS SIGNATURE, DATE, BEACON; JOINT OWNER'S SIGNATURE, DATE, BEACON

DAILY LIMITS: MERCHANT POINT-OF-SALE \$750 ATM \$305 TOTAL DAILY LIMIT \$1055

THESE ARE THE MAXIMUM LIMITS ALLOWED AND CANNOT BE INCREASED.

COMPLETE FOR LOST OR STOLEN CARDS THERE IS A \$15.00 CHARGE PER CARD TO HOTCARD.

Form with fields: CARD NUMBER 5360670000, LOST, STOLEN, DATE LOST/STOLEN, TIME LOST/STOLEN, DATE REPORTED, TIME REPORTED, REPORTED, HOTCARDED BY, FEE CHARGED BY, SHARE, SHAREDRAFT

OVERDRAFT SERVICES OPT-IN OPTION FOR ATM AND ONE-TIME DEBIT CARD TRANSACTIONS

I do not want 1st Gateway Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.
I want 1st Gateway Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. I acknowledge I will be charged a \$26.00 fee.

Form with fields: Signature, Date, Name, Email, Account Number(s)

OPERATIONS DEPT USE ONLY

Form with fields: NEW CARD NUMBER 5360670000 (Primary), ISSUED, BY; NEW CARD NUMBER 5360670000 (Joint), ISSUED, BY; REPLACES CARD 5360670000 (Primary), HOTCARDED, BY; REPLACES CARD 5360670000 (Joint), HOTCARDED, BY