



## 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.

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)**

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.

CARD NUMBER 5360670000 \_\_\_\_\_ LOST \_\_\_\_\_ STOLEN \_\_\_\_\_  
 DATE LOST/STOLEN \_\_\_\_\_ TIME LOST/STOLEN \_\_\_\_\_ DATE REPORTED \_\_\_\_\_ TIME \_\_\_\_\_  
 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 1<sup>st</sup> Gateway Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.  
 \_\_\_\_\_ I **want** 1<sup>st</sup> 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Account Number(s): \_\_\_\_\_

### OPERATIONS DEPT USE ONLY

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 \_\_\_\_\_