



VISA DEBIT CARD

STAR CARD



Detach this portion and save for your records

User Agreement and Disclosure

In addition to the terms of the Electronic Transfers brochure (Reg E) provided to every new member, the following terms apply to this Visa debit/ATM card:

- The primary account holder will be issued only one card (a second card can be issued to the joint account holder as long as they have completed and signed the application)
- You must have a checking account to obtain a Visa Debit/ATM card
- There is a \$5.00 charge for any replacement card
- There are no fees assessed by this credit union for the use of your card
- Upon receipt, your card must be activated from your HOME PHONE before use
- Upon activation of your Visa Debit card your old ATM card will be closed (if you have one)

General Information

- Standard card daily limits are as follows (a day runs from 3 p.m. to 3 p.m.):
 - Withdrawal \$305
 - Point of Sale (POS) \$500
 - Cash back on POS \$100
 - Visa signature purchase \$500
 - Overall daily debit limit \$805
- A card with higher limits may be available after a 3 month period of card usage. If you are interested in having these higher limits, please contact the office to apply for a higher limit.
- If a place of business offers both point of sale debit and Visa signature purchase, you may use either option with this card. If you choose the POS option, choose debit and enter a pin. If you choose Visa, choose credit and sign. Both types of purchases will be withdrawn directly from your checking account.
- Your Visa debit card is protected by Verified by Visa. It password protects your card for free when shopping online. The next time you shop online at participating stores, enter the information requested to activate your card in order to complete the transaction. Or, set up your password ahead of time by going to www.visa.com/verified. Your card will then have password protection whenever you shop online at participating stores listed at www.visa.com/shopverified.

APPLICANT

Account Number _____

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email: _____

CO-APPLICANT (Must be a joint owner on the account)

Name _____ SSN _____

Address (if different from applicant) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email: _____

Signatures: By signing below, the undersigned request(s) the described services and agree(s) to the terms and conditions as indicated in the Agreement & Disclosure brochure which I have received a copy of. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned also agrees that providing a cell phone number is consent to be contacted on that number. Southern Middlesex County Teachers FCU owns the ATM/Visa Check Card and with it sole discretions, can revoke the card(s) at any time. All applicants for this card must be at least 18 years of age.

Applicant's signature _____ Date _____

Co-Applicant's signature _____ Date _____

Official Use Only

Processed By _____ Date processed _____

Limit Group: S G V

