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**User Agreement and Disclosure**

**VISA DEBIT CARD**       **STAR CARD**       **REPLACEMENT**

**MEMBER:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Account#: \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

DL#: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**JOINT MEMBER:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

DL#: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**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.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Official Use Only**

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Limit Group: S G V Last 6 digits: \_\_\_\_\_



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 lost
- If your card is stolen you must submit a police report along with the application
- If your card is compromised (Still have card in possession) please call (800) 327-8622 to verify transactions
- There are no fees assessed by this credit union for the use of your card
- Upon receipt, your card must be activated from your phone number on file before use

**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](http://www.visa.com/verified). Your card will then have password protection whenever you shop online at participating stores listed at [www.visa.com/shopverified](http://www.visa.com/shopverified).