



Debit Card Application

This application authorizes Desert Rivers Credit Union (Credit Union) to review my (our) credit and I (We) certify that all information is true and complete. I (We) also authorize the Credit Union to verify or obtain further information it may deem necessary concerning my (our) credit standing. If this application is approved and a VISA debit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the VISA debit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions disclosed for the VISA debit card(s) and all amendments. Upon approval, should an overdraft occur on my account as a result of a debit card transaction, overdraft protection will be handled in accordance with the most recent overdraft protection agreement on file. The Credit Union will refuse all transactions should any loans or fees be delinquent more than 14 days or at the sole discretion of the Credit Union. A fee will be charged for each account from which a transfer of funds is made as indicated in the Rate and Fee Schedule.

I acknowledge and agree to have my joint owner _____ as an authorized user of a VISA debit card issued under my account number and name. I understand that if I authorize a joint owner or other third party to use my card or Personal Identification Number it is at my own risk and liability. I understand that as an authorized user, he/she will have full access to, but not limited to my share (savings), checking or any other accounts accessible with my card at automated teller machines and point-of-sale terminals. I understand and acknowledge that this agreement may be revoked by me at any time in writing, and that the access card issued to the authorized user must be surrendered to the Credit Union at the time of revocation. Authorized transactions performed by the authorized user, up to the date of revocation and acceptance by the Credit Union, shall be valid and binding on my account pursuant to all terms of this application agreement and the Credit Union's electronic funds transfer disclosure. A fee will be charged for each joint owner card and any lost, stolen, damaged or replacement card issued as indicated in the rate and fee schedule.

Member Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Date of Birth: _____

Last 4 Digits of SSN#: _____

Mother's Maiden Name: _____

Joint Owner Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Date of Birth: _____

Last 4 Digits of SSN#: _____

Mother's Maiden Name: _____

I wish to withdraw money from my: (check all that apply)

Checking Savings (can only be accessed by ATM, no point of sale transactions)

Debit card daily limit is \$1000; ATM daily withdrawal limit is \$500, if you wish these amounts to be permanently set for a different amount indicate amount here and initial _____.

Members Signature: _____

Print Name: _____

Date: _____

Joint Owner Signature: _____

Print Name: _____

Date: _____