



## DEBIT CARD APPLICATION

### Indicate the card(s) to be ordered:

- Only for the Primary member listed below  
Only for the Joint Owner listed below  
Both the Primary Member and Joint Owner

Member No.: \_\_\_\_\_

Suffix: \_\_\_\_\_

### Purpose:

- Initial debit card order  
Replacement (state reason)  
Lost  
Damaged / Worn out  
Fraudulent use / Stolen  
Name change  
Other \_\_\_\_\_

Requests to replace an existing debit card may be subject to the Replacement Card Fee as stated in the current Schedule of Fees and Charges.

If applicable, I authorize charging the following account for this fee:

☐ Checking

☐ Savings

☐ Money Market

Account/Suffix: \_\_\_\_\_

**Note:** In the event you provide us with a different mailing address than what we currently have on file for you, the address provided below will be applied to all your existing accounts with us.

Primary Member Information		Joint Owner's Information	
Full Legal Name (First, MI, Last):		Full Legal Name (First, MI, Last):	
DOB (MM/DD/YYYY):		DOB (MM/DD/YYYY):	
SSN:		SSN:	
Mailing Address (Street/City/State/Zip):		Mailing Address (Street/City/State/Zip):	
Physical Address (Street/City/State/Zip):		Physical Address (Street/City/State/Zip):	
Email Address:		Email Address:	
Day Phone:	Evening Phone:	Day Phone:	Evening Phone:
Employer:	Employer Phone:	Employer:	Employer Phone:

By signing below, I/we request a Riverview Credit Union Debit Card and Personal identification Number (PIN) to be issued to the individuals named above. Further, in the event this request is for a replacement card(s), I/we request that my/our current Riverview Credit Union Debt Card(s) be canceled. I/we agree to be bound by Riverview Credit Union's Electronic Funds Transfer Agreement provided at account opening.

Primary Member's Signature		Date	
Joint Owner's Signature		Date	

### For Credit Union Use Only

Staff Taking Application: \_\_\_\_\_ Date: \_\_\_\_\_ Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number Assigned: \_\_\_\_\_

## WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to another deposit account, which may be less costly than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

➤ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

➤ **What fees will I be charged if Riverview Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$30 each time we pay an overdraft
- We will not charge you a fee if your account is overdrawn by \$5 or less
- There is no limit on the total fees we can charge you for overdrawing your account

➤ **What if I want Riverview Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call (740) 423-4260, visit our website at <http://www.riverviewcu.com>, or complete the form below and present it at a branch or mail it to: 403 Main Street, Belpre OH 45714. You can revoke your authorization for Riverview Credit Union to pay these overdrafts at any time by any of the above methods. Your revocation must include both your name and your account number so that we can properly identify your account.

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\_\_\_\_\_ I do not want Riverview Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_\_ I want Riverview Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_