

Yes! I hereby apply for a SD Medical Federal Credit Union ATM/Debit Card

I would like an additional Card for the joint owner of this account.
I understand you will deduct the additional fee from my account.

Print Joint Owner's Name

Name

Credit Union Member Number

Address

City

State

Zip

Employer

Employer Address

Work Phone

Home Phone

Date of Birth

Social Security Number

Driver's License Number

I agree to the following SD Medical Federal Credit Union ATM/Debit Card provisions:

1. This card is the property of SD Medical Federal Credit Union which may, without liability or advance notice, revoke or limit any or all card use in this agreement. Upon demand, I will surrender the card to the Credit Union promptly.
2. This card may be used for cash withdrawals, deposits, payments, certain types of transfers and loan advances (when available)-subject to terms and conditions of any line of credit (when available)-of which this agreement is a part.
3. I will not use my card to overdraw my share draft account, share savings account or line of credit (when available). However, if I do overdraw, I authorize the Credit Union to cover the overdraft as follows:

Overdrawn Share Draft Account: Withdraw funds from my share savings account or make a cash advance from my line of credit (when available) or make a withdrawal from other share accounts on which I am a joint owner.

Overdrawn Share Savings Account: Withdraw funds from my share draft account or make a cash advance from my line of credit (when available), or make a withdrawal from other share accounts on which I am a joint owner.

Overdrawn Line of Credit: Withdraw funds from my share savings account, share draft account, or other share accounts on which I am a joint owner.

If no funds are available, I will repay upon demand any overdraft in addition to reasonable attorney and Credit Union charges incurred.

4. I will hold in strict confidence my personal code number.

5. I will notify the Credit Union immediately of loss or theft of this card and/or my personal code number.

6. Receipts issued by the ATM machines are binding on the Credit Union only after verification by the Credit Union.

7. The Credit Union will not be liable for failure to honor the card due to improper use or retrieval of the card by the ATM machines.

8. Amounts deposited are subject to normal verification and will not be available for withdrawal for at least 5 days - longer if deposit is made after close of normal business hours, on weekends or on holidays.

9. Amendments to this agreement may be provided to me, in accordance with applicable laws, without re-statement of the above terms.

10. I will comply with all conditions as stated in the disclosure issued with the ATM/Debit Card.

11. I (We) authorize the Credit Union to gather whatever credit information is considered necessary and appropriate. The Credit Union will retain this application whether or not the ATM/Debit Card is granted.

X

I have received a copy of the ATM/Debit Agreement and Disclosure

Signature (Joint Owner)

Date