

Visa[®] Check Card Request

Checking without the checks



- Convenient spending without credit
- Easy to use at merchants, online and at ATMs
- Earn Relationship Rewards with every purchase
- Use for automatic bill payments from checking
- Safer than carrying cash
- Free Identity Theft 911 resources if ever needed
- Protected by Visa's Zero Liability Policy*

Name *(PLEASE PRINT - first, middle, last)*

Member Number

I would like for my Visa check card to have ATM access to:

- Checking Account Savings Account
_____ # _____

I hereby request the following joint owner (Joint owner must be 18 years of age or older) on my account(s) to be issued a Visa check card with ATM access to:

- Checking Account Savings Account
_____ # _____

Joint owner name *(PLEASE PRINT - first, middle, last)*

**Covers U.S. issued cards only. Visa's Zero Liability Policy does not apply to commercial credit card, or ATM transactions, or PIN transactions not processed by Visa. Notify us immediately of any fraudulent use.*

Please read before signing

1. I understand that all references on this Visa check card application refer to State Credit Union's personal check card and not to an application for a credit card. I have answered the questions in this application fully and truthfully, and all information provided is correct. I authorize you to obtain information, including a consumer credit report, to check my credit or other banking records and the information required in this application. If this application is for a joint account, I understand that each signer will be liable for the full amount of all withdrawals.

2. I assume all responsibility to the limits allowed by law for each use of the card or my PIN assigned by SCU until I have notified the credit union not to honor them.

Agreement and required signature(s) continued on reverse

3. I (We) agree that transactions made through this system remain subject to any applicable laws, regulations, rules and to any other agreements between the credit union and me.
4. I (We) agree to assist SCU and, if necessary, legal authorities to resolve disputed check card activity.
5. To secure any amounts I owe you as a result of any default under my agreements with you, I (We) grant the credit union a security interest in all shares and deposits in all joint and individual accounts, except any IRA account that I (We) have with the credit union now or in the future, as well as all other collateral securing my/our other obligations to you, except collateral which serves as my/our primary residence.
6. If the credit union takes action to collect any amounts owed, I (we) agree to pay you all costs and legal fees, including reasonable attorneys' fees, which in no event shall be less than 20 percent of the amount I (we) owe.
7. I authorize SCU to charge my account for any fees applicable to check card transactions.
8. By signing below, I (we) acknowledge that I have received the SCU Electronic Transfers Agreement and Disclosures, and understand and agree to be bound by all terms and conditions therein and in this application.

ALL PERSONAL CHECK CARD TRANSACTIONS WILL BE DEDUCTED FROM YOUR ACCOUNT(S).

(We) assume all responsibility to the limits allowed by law for each use of the card or my PIN assigned by S.C. State Credit Union.

First Owner Signature *Date*

Second Owner Signature *Date*

Credit Union Use Only

Date request approved: _____

By: _____
Employee signature *Branch code*

cards issued: 1 2 Entered by: _____ In-house



**Return form to any State Credit Union office or fax
 both sides to 803-255-8554.**