



WHITE RIVER CREDIT UNION

PO Box 419
 96 North Main Street
 Rochester, VT 05767
 (802) 767-3333

PO Box 177
 330 Main Street
 Bethel, VT 05032
 (802) 234-9232

40 Pinnacle Rd
 Randolph, VT 05060
 (802) 728-9228

CU CARD APPLICATION

Please print clearly - *Subject to Approval*

Account Number
Primary Owner Cardholder Information
Name (as you would like it to appear on card, max 21 characters)
Mailing Address (Street/PO Box - City - State - Zip)
Cell Phone number (used for fraud alert texts/calls, in the event there is a questionable debit card purchase)

Note: Additional Cardholder must be joint owner on account(s) to receive a card.

Additional Cardholder Information
Name (as you would like it to appear on card, max 21 characters)
Mailing Address (Street/PO Box - City - State - Zip)
Cell Phone number (used for fraud alert texts/calls, in the event there is a questionable debit card purchase)

By signing below:

- I/We are applying for a White River Credit Union (WRCU) CU Card that will give me/us access to my/our share and share draft accounts.
- I/We understand that I/we are the only individual(s) authorized to use the Card.
- That I/we agree to the terms of, and acknowledge receipt of, the *Electronic Funds Transfers Disclosures*.
- I/We authorize WRCU personnel to check my/our WRCU account(s) to verify my/our eligibility for the service I/we have requested.

 Member Signature

 Date

 Additional Cardholder Signature

 Date



For Office Use Only

MSR Submitting Application: _____ CU CardConnect Operator ordering card: _____ Date Ordered: _____

16-Digit Card # entered on Flex: _____ Information QC'ed by: _____ QC Note: _____



WHITE RIVER CREDIT UNION

PO Box 419
96 North Main Street
Rochester, VT 05767
(802) 767-3333

PO Box 177
330 Main Street
Bethel, VT 05032
(802) 234-9232

40 Pinnacle Rd
Randolph, VT 05060
(802) 728-9228

OVERDRAFT SERVICES CONSENT - ATM and Everyday Debit Card Transactions

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 a share/savings account or overdraft line-of-credit, which may be less expensive 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:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments

We do 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 the White River Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$30.00 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and drop it off at one of our offices or mail it to:

White River Credit Union, Attention: M. Brown, PO Box 419, Rochester, VT 05767

MEMBER SECTION

If there are multiple owners on the ATM/debit card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand that I will be charged fees as listed above. **I have the right to revoke this coverage at any time by contacting the Credit Union in writing.**

I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand that my ATM/debit transactions may not be authorized and paid. **I have the right to add this coverage at any time by contacting the Credit Union in writing.**

Member Signature

Date

Printed Member Name

Share (Savings) Account Number

Share Draft (Checking) Account Number

CREDIT UNION USE ONLY SECTION

Initials of CU Employee

Effective Date

Coverage added

Coverage removed