



VISA Check (Debit) Card or PIN Request

Account # _____

I/We hereby apply for a VISA Check Card (debit) to access my Community Alliance Credit Union account to make purchases and obtain account cash advances. I/we understand that I/we will receive a separate personal identification number (PIN) for use at ATM locations. I/we understand that the VISA Check Card is subject to the terms and conditions described in the Electronic Funds Transaction Disclosure.

REQUIRED CHECK ONE: Debit Card Overdraft Coverage

_____ **"Yes"**, I want Community Alliance Credit Union to authorize and pay overdrafts on your everyday debit card transactions. I understand debit card purchases may be approved at the Credit Unions discretion, even if I don't have sufficient funds. Overdraft fees may apply.

_____ **"No"**, I do not want Community Alliance Credit Union to authorize and pay overdrafts on my everyday debit card transactions. My debit card purchases will be declined if I don't have sufficient funds.

Our standard overdraft coverage:

- We will charge you a fee of up to \$28 each time we pay an overdraft
- There is **no limit** on the total fees we can charge you for overdrawing your account
- There is no fee if you do not use this service

Initial here if you would like Internet Banking with e-Statements _____

X _____
PRIMARY MEMBER'S SIGNATURE

DATE

X _____
JOINT OWNER'S SIGNATURE

DATE

ISSUE A VISA CHECK CARD OR PIN IN THE NAME OF: _____

NEW CARD REQUEST Issue a New VISA Check Card and PIN. I (We) understand a PIN will be mailed separate from card.

REISSUE REQUEST VISA Check Card **Reason:** Lost Stolen Damaged Other _____

PIN REQUEST I (We) have lost or forgotten my (our) personal identification number. Please reissue my (our) PIN.

CREDIT UNION USE ONLY

Denied & Notice Mailed Ordered Card Ordered PIN By Whom _____ DATE _____

PLEASE PRINT FILL OUT AND MAIL TO:

Community Alliance Credit Union
P.O. Box 5127
Dearborn, MI 48128