Electronic Services Application.
Sign me up!

1st Advantage
Federal Credit Union

- ☐ Call-A-Teller / Advantagenet
- ☐ VISA Check / ATM Card
- ☐ Receive Credit Union special promotions / events by email

(Please fill out application completely)

Primary Member	**Joint Member**
Account #	Social Security #
Street Address	City State Zip
Home Phone	Work/Cell Phone
Primary Email Address	Joint Email Address

By signing this form, I/ we agree to the terms and conditions of the Membership and Account Agreement, including VISA Check Card/ATM Card Terms and Conditions, VISA Check Card/ATM Card Disclosure, Electronic Device/Internet Transactions, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein.

In addition to the REG E. Electronic Fund Transfers Rights and Responsibilities disclosure, the following disclosure is about your 1st Advantage VISA Check Card.

1. Types of VISA Check Card charges and dollar limitations:

- ATM Transactions: maximum withdrawal $500 in a 24-hour period.

The balance limitation listed above is further limited by the available balance in your checking account and your open end credit line.

2. Charges for VISA Check Card transactions:

- ATM transactions: subject to normal ATM charges and surcharges.
- Merchants: No charges for using CREDIT option at POS terminal. This transaction will be deducted from your checking account.
- Non Sufficient Funds (NSF)/ Overdrawn fee: $25.00 per transaction
- VISA Check Card is subject to closing after a Non Sufficient Fund (NSF) transaction has occurred.
- Lost, stolen or damaged replacement card fee $5.00
- Foreign Transaction Fee - 1% of amount after conversion

The information about the cost of the card desired in this application is accurate as of March 2008 but is subject to change.

X _____ **X** _____

Primary Member's Signature **Date** **Joint Member's Signature** **Date**

Office Use Only: Teller # _____ Initial _____ Card # _____ Date Ordered _____