



VERMONT FEDERAL CREDIT UNION

Debit Card Application

Member Information	
Member Name:	Associate Name:
Member Number:	
Associate Name:	Associate Name:

Notice to Joint Owner (Minor Accounts)

You are being asked to guarantee the faithful activity on this account. Please think carefully before you do. If the primary or the other owner on this account overdraws the account via check or makes an ATM withdrawal in excess of the available balance in the account, you will be required to cover those overdrafts. By signing this application for an ATM or Debit card you acknowledge that you are equally responsible for the activity on this account.

Signature _____

Cardholder Agreement

I hereby request that this Falcon ATM/MasterMoney™ Card-issuing Institution issue me a Falcon ATM card/MasterMoney™ Card (the “card”) for use in any Falcon ATM Network terminal or those of other financial institutions or merchants. I understand that I am to select my personal identification number (PIN) consisting of four (4) numerical digits.

I accept the card and agree that the card-issuing institution may treat the entry of instructions accompanied by my PIN plus the use of my card bearing the magnetic pattern assigned to me as being the same as a written order bearing my genuine signature, whether the card is used by me or another person.

I understand and agree that any transactions made through the use of my card as PIN or signature remain subject to any other rules and regulations applicable to my account, and to any other agreement between the card-issuing institution and myself.

I agree to all fees relating to the use of my card as determined by the card-issuing institution and outlined in the card-issuing institution’s account disclosure statement as has been provided. I further authorize my card-issuing institution to charge my account for all ATM-related fees and MasterMoney™ Card fees. I further understand that I will not be charged an interbank fee for use of my card at another Falcon institution’s ATM.

I agree not to write my PIN on my card, or keep my PIN with my card.

I further understand and agree that any of the terms and conditions of the card-issuing institution’s cardholder agreement or account disclosure statement may be changed by the institution provided I am given appropriate written notice.

I agree that my card is the property of Vermont Federal Credit Union and agree to surrender this card to the Credit Union upon request.

I understand that Vermont Federal, as the owner of the debit card, may close the card at any time, without notice.

Additionally, the use or signing of the card signifies agreement to the terms and conditions between me, the cardholder, and Vermont Federal Credit Union and any further amendments to the cardholder’s agreement.

Member’s Signature	Card Number:	Date:
Card Type	Accounts assigned:	
Associate’s Signature	Card Number:	Date:
Card Type	Accounts assigned:	
Associate’s Signature	Card Number:	Date:
Card Type	Accounts assigned:	
Associate’s Signature	Card Number:	Date:
Card Type	Accounts assigned:	
Associate’s Signature	Card Number:	Date:
Card Type	Accounts assigned:	

For credit union use only

Employee Name:	Branch Location:	Date:
----------------	------------------	-------