I hereby authorize Loyola Credit Union to pay overdrafts incurred by my ATM and everyday Debit Card transactions.

(Note: You have the right to revoke your authorization at any time by contacting us in person or by mail).

If there are multiple owners on the ATM and / or 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 overage coverage. Please check the option you want below.

ADD COVERAGE: ___ I want the Credit Union to authorize and pay overdrafts on my ATM and everyday Debit Card transactions. I understand I will be charged overdraft fees.

REMOVE COVERAGE: ___ I do NOT want the Credit Union to charge overdrafts on my ATM and everyday Debit Card transactions. NOTE: If you choose this option, your account may be automatically closed if you incur an overdraft on your ATM and everyday Debit Card transactions.

_____
Printed Name

_____
Member Number

X_____
Member / Owner Signature   Date

CREDIT UNION CONSENT CONFIRMATION

X_____
Member / Owner Printed Name

_____
Member Number

___ Coverage Added

___ Coverage Removed

Debit Card Requirements

❖ Must be a member of Loyola Credit Union

❖ May not have outstanding debt on Check Systems from any other bank or credit union

❖ Must have a MINIMUM of $100 or Direct Deposit coming into the account *per pay period*

For more information, please call Loyola Credit Union at 708-216-4500.

LOYOLA CREDIT UNION
People Helping People

www.luefcu.org

Loyola University Employees Federal Credit Union

2160 South First Avenue
Maguire Building, Room 0903
Maywood, IL 60153

Phone: **708-216-4500**
Fax: **708-216-6546**
E-Mail: **creditunion@lumc.edu**

Enjoy the benefits of a Loyola Credit Union
Debit Card

LOYOLA CREDIT UNION
People Helping People

Convenient. Safe. Easy to Use.

Three great reasons *you* should have a Loyola Credit Union VISA Debit Card.

A Loyola VISA Debit Card is the perfect complement to your credit union Share Draft (Checking) Account. And it offers several additional benefits.

Convenience

Don't waste time writing checks – use your Loyola VISA Debit Card.

❖ Good for everything, from shopping and dining, to purchasing goods and services

❖ Purchase amounts are automatically deducted from your Loyola checking account

❖ There is NO interest charged on purchases

❖ Purchase receipts help you ensure accurate record keeping

❖ Each transaction is detailed in your monthly statement

Safe

❖ Your personal PIN number keeps your funds safe

❖ Loyola Credit Union helps safeguard against lost or stolen cards

Easy to Use

❖ Just swipe your card, enter your PIN number, take your receipt, and you're done

❖ Use it as an ATM card* at any participating network ATM for:

  ▶ Instant cash

  ▶ Funds transfers

  ▶ Make deposits (at select locations)

❖ Accepted worldwide, at millions of merchants displaying the VISA logo

Some fees may apply.

Make your life easier. Sign up TODAY for your Loyola Credit Union VISA Debit Card. Just complete and return the attached Application. Drop it off in person, fax or scan it to us, or return it by mail *(postage is required)*.

APPLICATION

Please complete and return this application for your Loyola Credit Union VISA Debit Card.

Account Number _____

First Name / Middle Initial _____

Last Name _____

Social Security Number _____

Date of Birth _____

Street Address _____

City _____

State / Zip _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

If you would like a second card, the account MUST be a Joint Account. There is a $5.00 fee for a second (duplicate) card; a $10.00 fee to replace a lost / stolen card.

First Name / Middle Initial _____

Last Name _____

Relationship _____

Social Security Number _____

If a Debit Card(s) is issued, I / we, the undersigned applicant(s), by signing or using the Debit Card(s) agree that I / we will be bound by the terms of the card agreement and disclosure, which will be furnished to me / us. I / we agree to surrender the card(s) upon demand and authorize Loyola Credit Union to obtain credit reports in connection with this application and for any update or renewal of the card(s).

_____
Signature   Date

_____
Signature   Date

For Credit Union Use Only

Approved _____ **Rejected** _____ **Date** _____

Daily Limit _____ **Other** _____

Credit Committee _____ **Acct #** _____