

DAWSON CO-OP CREDIT UNION

Dawson – Boyd – Renville

www.dawsonco-opcu.com

DEBIT/ATM CARD APPLICATION-CONSUMER

Member # _____ Date _____

I am interested in: ATM Card Only ATM and Check/Debit Card

Will there be a secondary cardholder? Yes No *Note: Under age 18 requires Joint Adult Co-Applicant*

Name(s) _____

Social Security #(s) _____

Home/Cell Phone # _____

E-Mail Address _____

I understand that Visa® recently introduced the Visa Account Updater (VAU) service as a convenience for Visa cardholders that have enrolled in recurring monthly payments to pay bills with their debit cards, and that Visa requires that Dawson Co-op Credit Union participate and begin submitting card update information due to account changes, to merchants as applicable.

Opt out-I have requested to Opt Out and prefer not to have my card information updated automatically.

PRIMARY SIGNATURE X _____

SECONDARY SIGNATURE X _____

Mail or drop off this completed form to:

Dawson Branch
711 6th St; PO Box 1002
Dawson, MN 56232

Boyd Branch
152 3rd St; PO Box 245
Boyd, MN 56218

Renville Branch
208 N Main; PO Box 585
Renville, MN 56284

Internal Use Only

Primary Card Co-Applicant

Card Cash Limit (if different from \$500 default) \$ _____

Purchase Limit (if different from \$1000 default) \$ _____

ChexSys _____ Processed By: _____ Process Date: _____

Opt Out Option entered in Shazam Access (if applicable) _____

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government Agency