DAWSON CO-OP CREDIT UNION

Dawson - Boyd - Renville - Fergus Falls

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
380 Stockholm Ave
PO Box 245
Boyd, MN 56218

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

Fergus Falls Branch
413 West Stanton Ave
Fergus Falls, MN 56537

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