

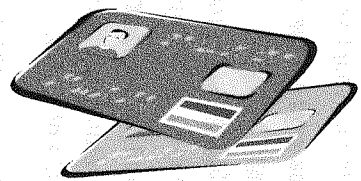
Richmond Fire Dept Credit Union, Inc.'s Debit Card Application

(Member information requested)

Account Number	_____	Date of Birth	_____
Member Name	_____	Social Security	_____
Street	_____	Phone (H)	_____
City, State Zip	_____	Phone(W)	_____
Mother's Maiden	_____	Position	_____
Employer	_____		_____
Years	_____ Full Time	Part-time (Hrs.)	_____

(Joint Ownership Information, if applicable)

Account#	_____	D. O. B.	_____
Name	_____	S.S.#	_____
Street	_____	Phone (H)	_____
City, State, Zip	_____	Phone(W)	_____
Mother's Maiden	_____	Position	_____
Employer	_____		_____
Years	_____ Full Time	Part Time (Hrs.)	_____



RICHMOND FIRE DEPT. CREDIT UNION DEBIT CARD

I/We request the following service (please mark):

Debit Card

By checking the box above and signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. You agree: (A) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Application for the purpose of extending credit or services to you or reviewing or collecting on a loan account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. If approved for the requested Debit Card services, you acknowledge receipt of and agree to the terms of the Debit Card Agreement.

Member's Signature Date

Joint Owner Date

DEBIT CARD APPLICATION

RICHMOND FIRE DEPARTMENT CREDIT UNION INC

**900 Hermitage Rd.
Richmond Va. 23220
TEL: 804-354-0673**



RICHMOND FIRE DEPARTMENT CREDIT UNION
 900 Hermitage Rd
 Richmond, VA 23220-2001
 www.rfdcreditunion.com

OVERDRAFT SERVICES CONSENT
ATM and One-Time Debit Card Transactions

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a share/savings account or overdraft line-of-credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$ 35.00 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and mail it to Richmond Fire Department Credit Union

_____ CREDIT UNION NAME
900 Hermitage Road, Richmond VA 23220-2001
 _____ CREDIT UNION ADDRESS

or call (804) 354-0673
 _____ TELEPHONE NUMBER

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 overdraft coverage.

ADD COVERAGE I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

REMOVE COVERAGE I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions.

X

 MEMBER/OWNER SIGNATURE DATE

 PRINTED NAME

 MEMBER NUMBER

CREDIT UNION CONSENT CONFIRMATION

X

 SIGNATURE OF CREDIT UNION EMPLOYEE

Coverage added
 Coverage removed

 EFFECTIVE DATE