

Primary Owner Information *All information is required* (Please Print Clearly)					
Last Name		First	Middle	Social Security Number	My Preferred Contact Method Is <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Paper Mail
Physical Address (No PO Box)			Apt/Unit #	Cell Phone # (Include Area Code)	
City			State	Zip	Work Phone # (Include Area Code)
Mailing Address (if different from Home Address – Include City, State & Zip)				Home Phone # (Include Area Code)	
Place of Birth (City & State)		Mother's Maiden Name		My Preferred Phone Number Is <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Home E-mail Address		Work E-mail Address		My Preferred E-mail Is <input type="checkbox"/> Home <input type="checkbox"/> Work	

Joint Owner Information *All information is required* (Please Print Clearly)					
COMPLETE THIS SECTION ONLY IF YOU WOULD LIKE A DEBIT CARD ISSUED TO YOUR JOINT OWNER					
Last Name		First	Middle	Social Security Number	My Preferred Contact Method Is <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Paper Mail
Physical Address (No PO Box)			Apt/Unit #	Cell Phone # (Include Area Code)	
City			State	Zip	Work Phone # (Include Area Code)
Mailing Address (if different from Home Address – Include City, State & Zip)				Home Phone # (Include Area Code)	
Place of Birth (City & State)		Mother's Maiden Name		My Preferred Phone Number Is <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Home E-mail Address		Work E-mail Address		My Preferred E-mail Is <input type="checkbox"/> Home <input type="checkbox"/> Work	

Authorization and Application Agreement	
<p>By signing this application, I/we agree to be governed by the terms and conditions of the debit card as described in the Electronic Fund Transfers Agreement which has been given to me or will be mailed to me. I/we understand that lost or stolen cards must be reported immediately.</p> <p>The information I/we have provided is true, accurate, and complete to the best of my/our knowledge. I/we understand that RiverLand Federal Credit Union may check my credit history and/or use other methods to determine my/our creditworthiness.</p>	
X _____ <i>Signature of Primary Owner</i>	X _____ <i>Date</i>
X _____ <i>Signature of Joint Owner</i>	X _____ <i>Date</i>

Deliver, mail, or fax this form to RiverLand Federal Credit Union:

 639 Loyola Avenue Suite 220 • New Orleans, LA 70113 • L-ENT-RCU
 504-576-5800 • 800-586-4RCU • Fax 504-576-2651 • UDC 8-576-5800

RiverLand Federal Credit Union Use Only			
Date _____	Processed By _____	Branch Location _____	Lower Limit/PIN Only Notices Presented By _____

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 (Courtesy Pay) that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices (Courtesy Pay). To learn more, ask us about these plans.

This notice explains our standard overdraft practices (Courtesy Pay).

What are the standard overdraft practices (Courtesy Pay) that come with my account?

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

- Checks and other transactions made using your checking account number
- Automatic bill payments

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

- ATM transactions
- Everyday 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 RiverLand Federal Credit Union pays my overdraft?

Under our standard overdraft practices (Courtesy Pay):

- We will charge you a fee of up to \$27.50 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 RiverLand Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 504-576-5800, visit riverlandfcu.org, or complete the form below and mail to: 639 Loyola Ave, Suite 220, New Orleans, LA 70113 or fax to 504-576-5805, or return it to any RiverLand Federal Credit Union branch.

I realize that I have an ongoing right to revoke this authorization at any time and I may do so by calling, online, by mail, by fax, or by visiting any RiverLand Federal Credit Union branch.

I **DO** want RiverLand Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I **DO NOT** want RiverLand Federal Credit Union to authorize to pay overdrafts on my ATM and everyday debit card transactions.

I **DO NOT** want RiverLand Federal Credit Union to pay overdrafts on any transactions (including checks, ACH, automatic bill payments, and authorizations to pay ATM and everyday debit card transactions).

Signature of Primary Owner

Date

Name of Primary Owner (Please Print Clearly)

Checking Account Number

Be Sure to Complete This Page for ATM & Debit Card Overdraft Authorization (Courtesy Pay)