

Account # \_\_\_\_\_

NODA Federal Credit Union  
720 Robert Boulevard  
Slidell, LA 70458  
Phone (985)259-4145  
Fax (985)259-4180

## APPLICATION FOR A VISA CHECK CARD

I am applying for a NODA Federal Credit Union Visa Check Card. All regulations concerning this program are listed in the Membership and Account Agreement pamphlet given to me at the time of application.

The initial issue fee for the 1<sup>st</sup> card will be no charge, additional cards on same account will be \$5.00.

I authorize NODA Federal Credit Union to deduct a \$5.00 one-time issuance fee (per card) from my savings/checking account, if applies.

I also acknowledge that if I overdraw my account I will lose my privileges to continue in the Visa Check Card Program. Also, any lost or stolen cards will be charged a \$15.00 replacement fee (per card) and will be deducted from my account.

Please print the name to appear on card and sign.

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Print Name (First, MI, Last) \_\_\_\_\_ Signature \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

SS # \_\_\_\_\_

DOB: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cellphone # \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

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Do not write below      For Credit Union Use Only      Fee: LG #131.07 [ ]      Set LOC Code to ATM

\_\_\_\_\_ Accepted      Card Number \_\_\_\_\_

Date Card ordered \_\_\_\_/\_\_\_\_/\_\_\_\_      Date card entered into system \_\_\_\_/\_\_\_\_/\_\_\_\_