

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

**NODA Federal Credit Union**  
**13800 Old Gentilly Road**  
**Building 350**  
**New Orleans, LA 70129**  
**(504) 426-6632 (504)426-9779 Fax**

## 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 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.

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

\_\_\_\_\_  
Signature

Mothers Maiden Name: \_\_\_\_\_

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

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

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

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

Do not write below For Credit Union Use Only

Fee: GL# 131.07 [ ]

Set LOC Code to **ATM**

\_\_\_\_ Accepted

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

Date card ordered \_\_\_\_/\_\_\_\_/\_\_\_\_

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