

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/We are 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.

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

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 \$5.00 replacement fee (per card) and will be deducted from my account.

Number of cards ordered: _____

Please print the name/names to appear on each card and Sign.

1) _____
Print Name (First, MI, Last) **Signature**

2) _____
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

1) Card number _____

2) Card number _____

Date card ordered ____/____/____

Date card entered into the system ____/____/____

Denied

Reason

Checking A/C opened less than 6 months

Loan Delinquencies in past 6 months

NSF in a 6 month period

Does not qualify for Overdraft Protection

Hotcard - Date ____/____/____