

Make Your Life A Little Easier!

Apply today for your
HCFCU Debit Card.



Health Care Family
Credit Union

2114 S. Big Bend Blvd.

Richmond Heights, MO 63117

(314) 645-5851

1-866-HCFCU4U

Fax: (314) 645-1548

4599 Executive Centre Pkwy.

St. Peters, MO 63376

www.hcfcu4u.org

Email: talktous@hcfcu4u.org



Health Care Family
Credit Union



Debit Card Services



*The Card That Thinks
It's A Check!*

Manage Your Spending

It can be difficult to track all your expenses each month. A Visa Debit Card provides easy ways to manage your spending. You can...

- **Get on track** - Purchases are deducted directly from your checking account.
- **Check it twice** - With a Visa check card, monthly bank statements can track smaller expenses.
- **Lose weight...in your wallet** - No need to carry a bulky checkbook or large amounts of cash when shopping.
- **Reduce time waiting in line** - Debit transactions are faster than using cash and checks.
- **Shop online with ease** - Online merchants also provide receipts making it even easier to keep track of purchases.
- **Gain peace of mind** - A Visa debit card offers "\$0 liability" protection in cases of fraud, theft, or other unauthorized card usage.

Why worry about carrying a bulky checkbook when you have a HCFCU VISA Debit Card! Use it to make purchases wherever VISA is accepted.

Use it...

**...like a Check!
...or at an ATM!**

- It's easier and faster than writing a check
- It's safer than carrying a large amount of cash
- It's accepted by merchants when a check is not
- It's accepted worldwide
- It's just like having emergency cash in your wallet
- It's easier to track since transactions appear on your monthly statement



HCFCU VISA Debit Card Guidelines

- A hcfcu checking account
- A member in good standing, at least 18 years of age
- Other credit criteria



Convenient And Flexible!



Use It Like A Check!

HCFCU proudly offers a convenient alternative to a check—the HCFCU VISA Debit Card. You can use it to pay for purchases anywhere you see the VISA logo. Just think of it as a plastic check.

When you purchase items with the VISA Debit Card, you sign a receipt as if you were using a credit card, but the dollar amount is deducted from your HCFCU Checking Account. In addition, each purchase you make is detailed with the merchant's name on your monthly statement. It's that simple!

Use It At An ATM!

Cash in on the card's convenience at any HCFCU ATM or CO-OP ATM to make withdrawals, deposits, transfers, or balance inquiries. You may also access your accounts 24-hours a day at any

ATM bearing a CO-OP, CIRRUS, STAR, or VISA logo, nationwide. And each ATM transaction appears on your monthly HCFCU Checking statement.

The versatile HCFCU VISA Debit Card offers you additional ways to conveniently access your HCFCU Checking Account.

Use your Debit Card for all your Point-of-Sale (POS) transactions. You do not need to write a check to pay for your purchases! Just present your Debit Card to the cashier and enter your Personal Identification Number (PIN). The amount of your purchase is automatically deducted from your HCFCU Checking Account and itemized on your monthly statement. It's that easy!

Use It For Point-of-Sale Transactions!

You may even be able to get cash back after your transaction at many merchants.

Be sure to keep your receipts to record in your checkbook register as soon as possible.



Health Care Family Credit Union Visa Debit Card Application

Account #
Primary Member
Social Security #
Street Address
City, State Zip
Home Phone
Work Phone
Joint Owner

By signing below, I/we agree to be liable for all transactions of any kind performed by me/us or anyone to whom I/we entrust my/our card. I/We also agree that use of my/our card constitutes consent to the effective rules and regulations and any applicable amendments as set forth by HCFCU. I/We certify that I/we have received, read, and understand my/our rights, responsibilities and liabilities under Regulation E.

X	Date
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Primary Owner's Signature

X	Date
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Joint Owner's Signature

HCFCU Overdraft Protection Loan Application

You may need to complete additional information including co-applicant data if: 1) this is to be a joint account; 2) you live in a community property state [AZ, CA, ID, LA, NV, NM, TX, WA, WI, Puerto Rico]; or 3) you are relying on your co-applicant's income in applying for this loan. You need not disclose alimony, child support, or separate maintenance income if you do not wish to have it considered as a basis for repaying this loan.

HCFCU Account #	Amount Requested	Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Transfer from HCFCU Checking	Payment Protection Insurance Option	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Disability
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APPLICANT (LAST/FIRST/MIDDLE)		CO-APPLICANT (LAST/FIRST/MIDDLE)	
ADDRESS	HOW LONG	ADDRESS	HOW LONG
CITY/STATE/ZIP	HOME PHONE	CITY/STATE/ZIP	HOME PHONE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PARENTS # DEPENDENTS	MONTHLY PMT.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PARENTS # DEPENDENTS	MONTHLY PMT.
SOCIAL SECURITY NO.	BIRTH DATE	SOCIAL SECURITY NO.	BIRTH DATE
EMPLOYER	DATE EMPLOYED	EMPLOYER	DATE EMPLOYED
WORK ADDRESS	WORK PHONE	WORK ADDRESS	WORK PHONE
POSITION	GROSS MO. SALARY	POSITION	GROSS MO. SALARY
OTHER INCOME (source/amount)		OTHER INCOME (source/amount)	
OTHER DEBTS (alimony, support, lease, etc.)		OTHER DEBTS (alimony, support, lease, etc.)	
RELATIVE not living at same address: (name/address/phone)		RELATIVE not living at same address: (name/address/phone)	

I certify that this information is complete and true and submitted for the purpose of obtaining credit. I authorize the Credit Union to obtain any additional information required to process this request and hereby agree and accept all terms and conditions of the loan disclosure statement. I further agree to complete and submit any additional data required.

X	Date	X	Date
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All applicants must submit copies of most recent pay stubs, or tax returns if self-employed.

CREDIT UNION USE ONLY: Approved Denied—reason: _____
 Loan Officer \$ Date Debit ATM