



The Landmark Debit Card

- Pin numbers are mailed separately for security reasons
- Card activation is done through a transaction using your pin number
- Once activated, use credit whenever possible
- Purchases may take up to 2 days to clear



Use wherever you see the VISA logo

Always the right choice



Safer than cash, Easier than a check

Simple, Convenient, Secure



Landmark

Debit

Card





Landmark Credit Union Visa Debit Card Application

Member Account Number _____

APPLICANT

Please print in ink

CO-APPLICANT

Use "SAA" for "Same as Applicant"

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ D.O.B. _____

PHONE NUMBER _____ D.O.B. _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

NOTICE TO ALL VISA DEBIT CARD HOLDERS: It is the responsibility of the card holder to help prevent unauthorized transactions by keeping the card secure. Do not allow other people to use your card. If your card is lost or stolen, you must contact the credit union within two days of discovering it missing in order to limit your liability. If your card is not lost or stolen, but fraudulent charges appear on your account, you must notify the credit union within 30 days of receiving your monthly statement on which those fraudulent transactions first appeared in order to limit your liability for those charges. If you fail to notify the credit union within 30 days of receiving the monthly statement on which those fraudulent transactions appear, you will be liable for any charges that were made after that date which could have been prevented by the card being blocked. If the credit union incurs multiple losses due to fraudulent activity on your account, we reserve the right to deny reissuance of another card. PLEASE CLOSELY REVIEW YOUR TRANSACTION HISTORY!

I (we) have read the EFT Disclosure and Notice To All Visa Debit Card Holders, and I (we) agree to be bound by its terms and conditions. I (we) authorize the credit union to obtain credit reports in connection with the application and for any update or renewal received. I understand that a Personal Identification Number (PIN) will be mailed to me in the event this account is approved. Card holder(s) agrees to surrender the card upon request and a \$25.00 fee will be assessed for all accounts closed without the card(s) surrendered. The replacement fee for a new card is \$25.00.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

IN ADDITION TO APPLYING FOR THIS DEBIT CARD(S), I WOULD WOULD NOT LIKE A ROUND-UP ACCOUNT TO BE OPENED.

(check one)

DEBIT CARD NUMBER _____ APPROVED BY _____ DATE _____

Main Office
506 W. Fairchild St.
Danville, IL 61832
Ph. 217-442-9005
Fax 217-9365

Branch Office
220 S. State St.
Westville, IL 61883
Ph. 217-267-7060
Fax 217-267-7064

Branch Office
176 Eastgate Ct.
Danville, IL 61832
Ph. 217-442-5690
Fax 217-442-6902