

VISA OPTIONS PRIME PLUS - REWARDS



P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135

(Please print)

Member Name: _____ Member #: _____ Last 4 of Card #: _____ Mother's Maiden Name: _____

NAME(S) TO PUT ON YOUR CARD(S):

Please print the name (s) of the person (s) 18 or older, to whom you wish to have a card issued on your account. NOTE: by signing below, you agree to accept full responsibility for all charges, advances and or card (s) issued on your VISA account. (Please allow 10 business days delivery of VISA cards.)

Primary Cardholder Name: _____
Print Primary Applicant's Name (Your Name)

Secondary Cardholder Name: _____
(Optional) Print the name you want printed on your second card - this person must sign below as an authorized user and/or Co-Applicant

Social Security # Driver's License # Date of Birth Social Security # Driver's License # Date of Birth

BALANCE TRANSFER REQUEST

	TRANSFER #1	TRANSFER #2	TRANSFER #3
Amount of Transfer:	\$ _____	\$ _____	\$ _____
Creditor Name / Financial Institution:	_____	_____	_____
Name on Account: <small>Name on account must be the same as name on La Cap Visa account.</small>	_____	_____	_____
16-Digit Account Number:	_____	_____	_____
Address for Payments:	_____	_____	_____
City/State/Zip Code:	_____	_____	_____

La Capitol will not be responsible for a remaining balance on the account, late payments, finance charges, purchases, or additional fees that you may incur due to delays in transferring the balance.

AUTO-PAY FOR VISA

- YES**, I want to have La Cap make my payment by automatic transfer from my La Cap (choose one): Checking Account Savings Account
 2-digit suffix number: _____
- Minimum Amount Due*
 Pay Full Balance
 Fixed Amount of \$ _____ **
 Last Statement Balance Minimum Payment

*2.67% of principal balance plus any amount over the credit limit or \$25, whichever is greater. **3.0% of your established credit limit plus any amount over the credit limit or \$25, whichever is greater.

I understand that my VISA payment will be applied automatically on the due date of each month.

NOTE: You may make additional VISA payments using La Cap Online or by contacting our Personal Assistance Line (PALS).

We recommend payments from checking accounts. Payments from a savings account may be delayed if you've reached your statutory limit of withdrawals. For more information, refer to the Truth in Savings booklet (available at lacapfcu.org).

Cancel the automatic payment of my VISA account.
 I understand that I will be responsible for making my monthly minimum payment. _____ (initial)

Decrease my VISA credit limit to \$ _____
(Minimum credit limit \$500.)

Add / Remove / Change (check one below)

- Add** the following person as an authorized user.
 Remove the following authorized user from my La Cap VISA account.
 Change existing cardholder's name.
 Authorized User Primary/Secondary Cardholder's Name

Name (please print) : _____

Social Security #: _____ Date of Birth: / / _____

Drivers License # : _____

I understand that, if I remove an authorized user, La Cap will reissue a new credit card and card number in the primary/secondary name only. All cards associated with the authorized user will be blocked.

Rush my La Cap VISA card to me. I understand the charge is \$35.00 for the mailing of the card.

Rush my La Cap PIN to me. I understand the charge is \$35.00 for the mailing of the PIN.

Please ship Card Only PIN Only Both card/PIN to the address below:

Street Address: _____

City, State and ZIP: _____

Please **CANCEL** my La Capitol Federal Credit Union VISA account.

_____ (initial)

I understand that my signature (applicant) below gives the co-applicant equal rights and privileges to information about this loan, including the permission to make advances (draws) on this VISA. By signing below, I authorize any and all account changes, transfers, and orders as indicated on this form.

X _____
Primary Cardholder's / Applicant's Signature Date

X _____
Co-Applicant's Signature (if applicable) Date

X _____
Authorized User's Signature (if applicable) Date

X _____
Authorized User's Signature (if applicable) Date

FOR LA CAP USE ONLY: Keyed By _____ Date _____