

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

- 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 # : \_\_\_\_\_

- 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, 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.

**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 \_\_\_\_\_