

## TRANSACTIONS MADE EASY

- Free Visa Debit/ATM Card
- No Monthly Service Charge
- No Minimum Balance
- No Per Transaction Charge
- Free Overdraft Protection
- Direct Deposit
- Itemized Monthly Statement
- Access Your Account Online at [www.eagleexpressfcu.com](http://www.eagleexpressfcu.com) or by phone at 1-800-506-9674

### LOCATIONS:

#### Office - ATM

567 S. State St.  
Jackson, MS 39201

#### ATM –

Medgar Wiley Evers Post Office  
401 E. South St.  
Jackson, MS 39201



P.O. Box 567  
Jackson, MS 39205



EAGLE EXPRESS  
VISA® DEBIT CARD  
Delivering Financial Security

## TRANSACTIONS MADE EASY

Our VISA® Debit Card allows you to withdraw funds from your account with the swipe of a card. You can use your card to make purchases anywhere VISA® is accepted or withdraw cash at an ATM.

## BALANCING YOUR ACCOUNT

Every month on your account statement you will see the date, location, and amount of every transaction you have made. All you have to do is record each transaction in your register.

## NO COST TO CARRY

There is no cost to you to carry our Visa Debit Card. All you need is a credit union account. (A fee will be charged at an ATM if not using a credit union machine.)

## APPLY NOW

Simply complete the attached application and return it to the Credit Union. Upon approval you will be notified and your card ordered. Thank you for using Eagle Express Credit Union.



## EAGLE EXPRESS VISA® DEBIT CARD APPLICATION

### IMPORTANT: READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.

Please complete the application in full, if this a joint account, the joint account owner must complete the co-applicant section and both parties must sign the application.

Number of cards requested?  
\_\_\_\_\_

### APPLICANT

LAST NAME	FIRST NAME	MIDDLE NAME	MEMBER/ACCOUNT NO	SOCIAL SECURITY NO	BIRTH DATE
HOME ADDRESS			CITY	STATE	ZIP CODE
( )			YEARS THERE		
AREA CODE	HOME PHONE NUMBER	E-MAIL ADDRESS	PRESENT EMPLOYER		
EMPLOYER ADDRESS			CITY	STATE	ZIP CODE
( )			YEARS THERE		
POSITION			AREA CODE	WORK PHONE NUMBER	

### CO-APPLICANT (MUST COMPLETE IF ACCOUNT IS A JOINT ACCOUNT)

LAST NAME	FIRST NAME	MIDDLE NAME	MEMBER/ACCOUNT NO	SOCIAL SECURITY NO	BIRTH DATE
HOME ADDRESS			CITY	STATE	ZIP CODE
( )			YEARS THERE		
AREA CODE	HOME PHONE NUMBER	E-MAIL ADDRESS	PRESENT EMPLOYER		
EMPLOYER ADDRESS			CITY	STATE	ZIP CODE
( )			YEARS THERE		
POSITION			AREA CODE	WORK PHONE NUMBER	

This statement is submitted to obtain credit and I (We) certify that all information herein is true and correct. I(We) understand that additional information may be required for approval and I (We) authorize Eagle Express Federal Credit Union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. I authorize my employer, my bank and any other references to release and/or verify information to the Credit Union. If this application is approved and an Eagle Express Visa® Debit Card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the card agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the Eagle Express Visa® Debit Card(s) and all amendments.

Signature/applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature/co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Return to: Eagle Express Federal Credit Union, P O Box 567, Jackson, MS 39205

For Credit Union Use Only:  Approved  Denied By: \_\_\_\_\_ Date \_\_\_\_\_

Card(s) Ordered by: \_\_\_\_\_ Date: \_\_\_\_\_ Member Notified by: \_\_\_\_\_ Date: \_\_\_\_\_