

## HEALTH SAVINGS VISA® CHECK CARD APPLICATION

Application must be completed in full.

Full Name			
Street Address	City	State	Zip Code
Mother's Maiden Name	Passcode	SSN	Date of Birth
Primary Phone Number	Alternato	e Phone Number	
	_	ess multiple accounts; however, onal accounts may be used for tra	
☐ Checking Account #:		Approved Limit	

### Non-Visa® Debit Transactions

Independence Bank enables non-Visa® debit transaction processing and does not require that all such transactions be authenticated by a PIN. A non-Visa® debit transaction may occur on your Independence Bank Visa® check card on a debit network other than Visa®. Below are examples to distinguish between a Visa® debit and non-Visa® debit transaction:

- To initiate a Visa® debit transaction at the point of sale, the cardholder signs a receipt, provides a card number (e.g. in e-commerce or mail/telephone order environments) or swipes the card through a point-of-sale terminal.
- To initiate a non-Visa® debit transaction, the cardholder enters a PIN at the point-of-sale terminal or, for certain bill payment transactions, provides the account number for an e-commerce or mail/telephone order transaction after clearly indicating a preference to route it as a non-Visa® transaction.

A non-Visa® debit transaction will not provide the zero liability protection benefit. Provision of the cardholder agreement relating only to Visa® transactions are inapplicable to non-Visa® transactions. The rights and protections applicable only to Visa® debit transactions, including additional consumer liability limits and streamlined error resolution procedures, as described in your Electronic Fund Transfers Agreement and Disclosure will not apply to transactions processed through non-Visa® networks.

Please note Independence Bank has no control over how merchants process a non-Visa® debit transaction. It is up to the Cardholder to ask the merchant about their routing and transaction processing and clearly express a routing and transaction preference to the merchant, if Cardholder chooses so. Independence Bank cannot be responsible for how a merchant chooses to route/process a Visa® debit/non-Visa® debit transaction.

#### Visa® Account Updater (VAU)

Visa® Account Updater (VAU) is an account updating service in which your Independence Bank Visa® Check Card is automatically enrolled. When your card(s) expire, are lost or stolen and new cards are issued, the VAU service may update relevant card data (card numbers and expiration dates) to appropriate merchants who participate in VAU, in an effort to facilitate uninterrupted processing of recurring charges. This service provides updates to a Visa® database only. The database is accessed by those qualified merchants seeking your account information after you have requested they process a recurring payment or payments. This service is provided as a free benefit to you to help facilitate uninterrupted processing of your recurring payments. You may opt-out of the VAU service at any time.

I wish to Opt Out of the Visa	® Account Updater service.
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# <u>▲ Independence Bank</u> HEALTH SAVINGS VISA® CHECK CARD APPLICATION

#### **Telephone Consumer Protection Act (TCPA)**

By providing Independence Bank with a telephone number, you expressly consent to receive phone calls from Independence Bank, its affiliates, and agents at the number provided, utilizing an automatic telephone dialing system. You certify that you are authorized to grant Independence Bank consent to contact the number provided. This express consent applies to each telephone number(s) that are provided to Independence Bank, now or in the future

\_\_\_\_ I do not wish to provide consent for Independence Bank, its affiliates, and agents to utilize an automatic telephone dialing system to contact me at the number provided. By not providing this consent, I understand that it may impact the amount of the ATM and Point of Sale Visa® Check Card Limits made available to me.

If you wish to Opt out of the Visa® Account Updater Service or revoke your consent for automatic telephone dialing in the future, you may do so by sending an email with the following information to <a href="mailto:customerservice@1776bank.com">customerservice@1776bank.com</a>, sending a letter to Independence Bank, Attention Electronic Services, 2425 Frederica Street, P.O. Box 988, Owensboro KY, 42301, or by calling 1-877-621-1776:

- Type in the email/letter, or notify when calling that, "this is a request to opt out of the Visa® Account Updater Service" or "this is a request to opt out of receiving telephone calls from an automatic telephone dialing system from Independence Bank, its affiliates and agents"
- Customer Name
- Customer Account Number
- Last 4 Digits of Visa® Check Card to be Opted Out
- Phone Number
- Email

Any such notice provided by a method listed above shall be deemed given when received.

I understand I am the only individual authorized to use my Health Savings Visa® Check Card and by sharing my card or PIN with a third party I authorize their continued use of my card. By using my card, I agree to comply with the terms and conditions set forth in the Electronic Funds Disclosure and Agreement and the Health Savings Visa Check Card Terms and Conditions, both provided to me. I also agree my card will be governed by the rules of Independence Bank, as amended from time to time. I also understand this application is subject to approval.

Customer Signature	 Date

ALERT: Your new Health Savings Visa® Check Card and PIN will be mailed to the address above separately and will be in unmarked envelopes. If you do not received either the card or PIN within 2 weeks, please contact the bank immediately.