

Share Draft Account and VISA Debit Card Application (PLEASE PRINT)

Member Information:

Credit Union Act # _____ **Employee #** _____
Name _____ **Social Security #** _____
Address _____ **Date of Birth** _____
City, State, Zip _____ **Driver's License#** _____
Home Phone _____ **Cell Phone** _____
Employer Name _____ **Department** _____
Occupation _____ **Date of Hire** _____
Work Phone _____ **Email Address** _____
Mother's Maiden Name _____ **Place of Birth** _____

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. Are you subject to backup withholding? _____ Exempt? _____ Are you a United States Citizen? _____ (If no, please complete W-8 Form)

Joint Owner Information (Both parties must be credit union members):

Name _____ **Social Security #** _____
Address _____ **Date of Birth** _____
City, State, Zip _____ **Driver's License #** _____
Home Phone _____ **Cell Phone** _____
Work Phone _____ **Mother's Maiden Name** _____
Employer Name _____ **Date of Hire** _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I authorize the Credit Union to run a credit report. If you request it, the credit union will tell you the name and address of any credit bureau from which it which it received a consumer report on you.

X _____ **Signature of Member** _____ **Date** _____ X _____ **Signature of Joint Owner** _____ **Date** _____

X _____ **Witnessed by CU Staff or Notary** _____ **Date** _____ X _____ **Witnessed by CU Staff or Notary** _____ **Date** _____

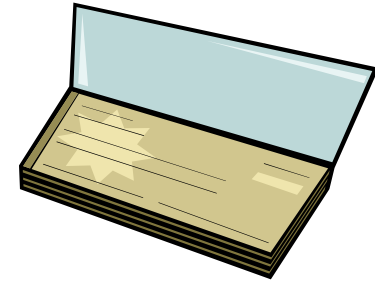
I/We are hereby applying for the Crouse Federal Credit Union VISA Debit Card and acknowledge that I/We agree to the terms and conditions of the VISA Debit Card Agreement and the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that may occur. I/We authorize the Credit Union to run a credit report. I/ We understand that I/We will receive disclosures from the Credit Union upon approval of my/our application.

X _____ **Signature of Member** _____ **Date** _____ X _____ **Signature of Joint Owner** _____ **Date** _____

CU USE _____ **ATM** _____
Date _____ **Approved** _____ **Denied** _____ **VISA** _____
Signature _____ **Checking only** _____

ATM Card: 641443 0000 _____ **0**
Visa Card: 4842999 _____ **BIN PLUS =16 DIGITS**
Co-op program 10 digits for positive # _____ **Plastic #** _____ **Date Card Odered** _____
Member Share # for PBF 0 0 0 0 0 _____

Share Draft Checking Account and the VISA Debit Card!



Crouse Federal Credit Union

LOCATION:
 Crouse Business Center – Room 228

730 S. Crouse Avenue
Syracuse, NY 13210

Phone: (315) 470-7928
Fax: (315) 470-5633
24 hr. Voice response: (315) 425-SAVE (7283)
E-Mail: CreditUnion@Crouse.org
Website: www.crousefcu.com

SHARE DRAFT CHECKING

The share draft checking account will provide you with the ease of accessing your funds with the credit union and using those funds to meet your day-to-day living expenses. The share draft checking is a separate account within your account at the credit union. The credit union does not pay dividends on share draft accounts.

Please see a copy of current fee schedule for NSF fees.

For your convenience:

- ❖ You will receive monthly statements or apply for access to Home Banking and receive E-Statements.
- ❖ **Share Draft Checks** will not be returned with statements however stored for seven (7) years on microfilm. Three (3) copies per year available without a fee. Check copies are available on Home banking site
- ❖ **ATM/Debit Card** service is available.
- ❖ Competitive pricing on our duplicate checks to help make your bookkeeping a breeze.

If you are interested in **Overdraft Loan Protection or Courtesy Pay**—you must request an application to apply

- ❖ **Personalized service guaranteed.**

To Apply:

- You must have at least \$5.00 on deposit
- You must be at least 18 years of age
- Be a member in good standing.
- Complete the enclosed application.
- Credit union staff or a notary public must witness signatures.
- Two forms of ID on file
- If you are interested in an ATM/VISA Debit Card please complete the appropriate section of the application.

APPROVAL

Once your account is approved, you may select draft checks. We will discuss deposit options and answer any additional questions concerning use of the account.

VISA DEBIT CARD

Use your card at ATM terminals to perform routine transaction as well as make purchases at merchant locations such as gas stations, grocery stores, restaurants or your favorite retail stores. You can use your VISA Debit Card for cash or purchases; anywhere the VISA logo is displayed.


HOW TO USE THE VISA DEBIT CARD FOR PURCHASES

When you are ready to make a purchase, simply swipe your card at that merchant's terminal. You may be asked to choose a transaction type of Debit or Credit. If you choose to select "CREDIT", the funds are deducted directly from your **share draft checking account**, which means you pay no interest charges on purchases or cash withdrawals. Should you select DEBIT and enter a pin number, transaction fees may apply. When the transaction is done processing, sign the printed receipt, if required and you'll be on your way. It's that simple!

HOW TO USE THE VISA Debit CARD FOR ATM TRANSACTIONS

Insert your ATM card at any ATM terminal that uses the same ATM networks displayed on the back of your card, enter your PIN number and follow the screen prompts for routine ATM transactions.

ATM transaction fees may apply. Please see a copy of current fee schedule.

Members can use our ATM machine located at Crouse Hospital or ATM machines that bear the  logo. By using those machines, you will not incur any fees when making withdrawals. Members may withdraw up to \$500.00 per day against available funds.

Our ATM is located at
Crouse Hospital
736 Irving Ave.
Syracuse, NY 13210
In Basement Level
Near Security Dept.

**Ask for a brochure with more than
50 Sharenet locations.**



www.co-opnetwork.org

Members please visit the CO-OP network website for locations that you can use with your Crouse FCU ATM/Debit card that will be ***Surcharge free.**

May be subject to monthly ****Usage fee**. Refer to the published fee schedule.

These locations can be found nationwide.

*** Surcharge fee = Machine owner's fee for foreign card usage.**

****Usage fee = Non Crouse or Sharenet machines may incur a usage fee. Refer to fee schedule.**

No charge for Point of Sale