

**ATM /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)

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.

I/We are hereby applying for the Crouse Federal Credit Union ATM Card/Visa Debit Card and acknowledge that I/We agree to the terms and conditions of the ATM/Visa Debit Card Agreement and the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that may occur.

_____ _____
Signature of Member Date Witnessed by CU Staff or Notary Date

_____ _____
Signature of Joint Owner Date Witnessed by CU Staff or Notary Date

CU USE

Date _____ Approved _____ Denied _____ ATM VISA

Signature _____

ATM Card: 641443 0000 _____ 0 Visa Card: 4842999 _____

Plastic # _____

Co-op program 10 digits for positive # _____ BIN =16 DIGITS

Member Share # for PBF 0 0 0 0 0 _____ Date Card Ordered _____



"Your change will become dollars"

**ATM/VISA Debit Card
Request Form**

Use your card at ATM terminals to perform routine transactions such as withdrawals, as well as make purchases at merchant locations such as gas stations, grocery stores, restaurants or your favorite retail stores. Of course check with individual location for specifics on which cards they can accept.

Crouse Credit Union Members can use our machine located in the Crouse Hospital basement and will not incur a charge when they use our ATM/Debit card. Our members should also look for Share Net locations and ATM machines that bear the CO-Op logo. Foreign machines may surcharge at point of transaction. Crouse Credit Union may impose additional fees. Refer to fee schedule.



730 South Crouse Ave.
Syracuse, NY 13210
Telephone: (315) 470-7928
24 Hr. Voice Response 315 425-7283
E-Mail CreditUnion@Crouse.org
Website: www.crousefcu.com
Fax: (315) 470-5633



Look for Surcharge free ATMs at

www.sharenet.com

AND



www.co-opnetwork.org

Debit Card Eligibility:

You must maintain Crouse FCU Share Draft Checking Account
Application is subject to review processes

To Apply:

- You must have \$5.00 on deposit
- You must be a member in good standing
- Complete application.
- Signatures must be witnessed
- We must have two forms of ID on file
- You must be at least 18 years of age, UNLESS AUTHORIZED BY JOINT PARENT

<p><u>ATM fees-Effective February 1, 2010</u> <u>(Subject to change)</u></p> <p><i>Free and unlimited at our machine at Crouse Hospital-Located in Basement Level near Security-Cafeteria. Minimum withdrawal is \$20.00 based on available balance. No fee for available balance inquiry.</i></p> <p><i>Free and unlimited at selected Share-Net Machine locations throughout Central New York. Please call for listing.</i></p> <p><u>Please see a copy of current fee schedule for ATM fees.</u></p>
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ATM CO-OP Card Convenience

With our ATM card you can do your banking anytime—day, night or weekends. If you would like to have the convenience of 24 hours banking, just fill out this form and return it to us. Once your account is reviewed and approved, your ATM card will arrive in about 2-3 weeks.

You will be assigned a PIN (**Personal Identification Number**).

You will receive a separate Pin-mailer a few days after the card. The pin- mailer will provide you with instructions to select you own **PIN (Personal Identification Number)** Keep the number in a safe place. Do not select 0000 or numbers that could easily be guessed like a birth date or street address. Choose 4 numbers that will be easy for you to remember.

Check withdrawal and fee policy concerning ATM and Point of Sale usage.

“Unlimited ATM withdrawals” If designated machines are used fees will not be imposed.

You must maintain a balance of \$5.00. Keep an accurate ledger of all activity

- ❖ Check with Member Service for information on Funds Availability and current list of designated ATM machine locations.
- ❖ If withdrawal activity creates a negative balance or if withdrawals are consistently requested from unavailable funds, your account may be reviewed for suspension, termination, or loss of credit union services.
- ❖ We suggest that you consider enrollment or “Opt In” to Courtesy Pay program. Ask for details
- ❖ Funds are not immediately available for ATM access.