

**ATM /VISA DEBIT CARD**



**Select Type of Card you are applying for:**

ATM \_\_\_\_\_ Visa/Debit \_\_\_\_\_  
 (To be eligible for Visa Debit you must maintain our checking account)

**MEMBER INFORMATION: (PLEASE PRINT)**

**Credit Union Act #** \_\_\_\_\_  
 Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Department where you work \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_  
 Employee # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Membership Eligibility \_\_\_\_\_

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 \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Department where you work \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_  
 Employee # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Membership Eligibility \_\_\_\_\_

**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 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 \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Member Date Signature of Joint Owner Date

X \_\_\_\_\_ X \_\_\_\_\_  
 Witnessed by CU Staff or Notary Date Witnessed by CU Staff or Notary Date

**CU USE** \_\_\_\_\_ ATM \_\_\_\_\_  
 Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ 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 \_\_\_\_\_

**Crouse Federal Credit Union**

"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](mailto:CreditUnion@Crouse.org)  
 Website: [www.crousefcu.com](http://www.crousefcu.com)  
 Fax: (315) 470-5633



Look for Surcharge free ATMs at

[www.sharenet.com](http://www.sharenet.com)

AND



[www.co-opnetwork.org](http://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 of all applicants must be witnessed
- Cards for Joint owners (Separate membership account must be established for Joint owner)
- We must have two forms of ID on file one being a US or State government issued
- You must be at least 18 years of age, UNLESS AUTHORIZED BY JOINT PARENT

**ATM fees-(Subject to change)**

*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.*

*Free and unlimited at selected Share-Net Machine locations throughout Central New York. Please call for listing.*

**Please see a copy of current fee schedule for ATM fees.**

**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.