

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

Member Information:

Credit Union Act # _____ **Draft Account #1396** _____
 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 received a consumer report on you.

_____ _____
 Signature of Member Date Signature of Joint Owner Date

_____ _____
 Witnessed by CU Staff or Notary Date 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.

_____ _____
 Signature of Member Date Signature of Joint Owner Date

CU USE		ATM Limit\$ _____	
Date _____	Approved _____	Denied _____	VISA Limit\$ _____
Signature _____		POS Limit \$ _____	
Signature _____		Signature _____	
Visa Card: 4 8 4 2 9 9 9 _____		BIN =16 DIGITS _____	
Co-op program 10 digits for positive # _____		Date Card Ordered _____	
Member Share # for PBF 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 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. Five (5) copies per year available without a fee. Check copies are available with no charge on your 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 one being a US or State Government issued
- 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.

HOW TO USE THE VISA DEBIT CARD FOR PURCHASES

When you are ready to make a purchase, simply swipe or enter the chip on 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.

On Line Account Access

Visit us @ www.crousefcu.com

Ask us about E Statements

With just a few clicks using our Home Banking Program members who maintain our Draft Checking Account will be eligible to enroll in our **Bill Pay** program.

Simple.....Easy.....Convenient.....Secure
You will save money....time.....

- ✓ Make payments to businesses or to individuals
- ✓ Set up recurring payments for regular bills, like your phone bill or mortgage
- ✓ Schedule payments in advance—set up the date you want the bill to be paid
- ✓ View payment history – who you paid, date and amount
- ✓ Live chat is available if you have questions about the program.
- ✓ Gift checks available for any occasion.


So, what are you waiting for? Keep your finances organized in a few clicks. Enroll today!

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

Our members will now have the option to visit 55,000 Allpoint locations and National Co-Op locations without paying a surcharge at the machine.

Many of the surcharge free locations can be found at Kinney Drugs, Walgreens, Speedways, local Wegmans stores, Target, Dunkin Donuts and more.

Surcharges for cash withdrawals at the machine location can be avoided by doing your homework and visiting the following sites for a surcharge free location

 ----allpointnetwork.com

Or

<https://co-opcreditunions.org/locator> 

*Look for the logo to insure your transaction will be surcharge free. Not every retail location participates in every market. Check the websites ATM Locator to be sure that the location is surcharge free

** Mobile APPS may also be available

Please see a copy of current fee schedule

*** Usage Fee is imposed by us for use of Out of Network ATM Locations/Machines--or companies processing as ATM transaction. (CO-OP Machines Included)**

****Surcharge fee is imposed by the owner of the ATM that you choose to use. These machines will also incur an out of network usage fee.**