

ATM /VISA DEBIT CARD APPLICATION

Select Type of Card you are applying for:
 ATM _____ Visa/Debit _____ Opt in for transfer coverage from other available funds
 (To be eligible for Visa Debit card with full services, you must maintain our checking account)



MEMBER INFORMATION: (PLEASE PRINT)

Name _____ Address _____ City, State, Zip _____ Social Security # _____ Date of Birth _____ Employee # _____ Home Phone _____ Cell Phone _____

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

Employer Name _____ Employer Phone _____ Department where you work _____ Date of Hire _____ Driver License # _____ State _____ Email Address _____ Mother's Maiden Name _____ 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

Date _____ Approved _____ Denied _____

Appr Sign _____ Appr Sign _____

VISA CARD NUMBER 4842 999 _____

Co-op program 10 digits for positive # _____

Member Share # for PBF 0 0 0 0 _____

BIN =16 DIGITS

Date Card Ordered _____

ATM \$ _____
 POS \$ _____
 VISA \$ _____

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. The card can also be used for on line activity. (Limits apply on savings only accounts) Check with individual locations 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. Members should use ATM machines that bear the CO-OP logo or Allpoint logo. Machines that are out of our network 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 Info@crousefcu.com

Website: www.crousefcu.com

Fax: (315) 470-5633



Look for Surcharge free ATMs at

Allpoint AND www.co-opnetwork.org

ATM/Debit Card Eligibility:

You must maintain Crouse FCU membership account.

To use card as Visa Debit (purchases)- a Share Draft Checking Account must be maintained

Application is subject to review processes

To Apply:

You must have \$5.00 on deposit

You must be a member in good standing

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 AND THEY TAKE FULL RESPONSIBILITY.

Enjoy the convenience of using your ATM / Visa Debit Card

With our ATM/Visa Debit card you can do your banking anytime—day, night or weekends. If you would 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/Visa Debit card will arrive in about 2 weeks.

You may use card for purchases and on line spending using the “ Visa credit option of card. Members who do not maintain a checking account will have reduced Visa Credit Limits. When using this option “ Select Credit” For increased daily limits, please ask for information on our Share Draft Checking account.

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.

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 so that funds can be transferred from accounts that you maintain at our credit union. The transfer will occur on presentation of item to be paid. This may avoid a NSF fee.
- ❖ Some funds may not immediately available for ATM access, please inquire on funds availability.

ATM fees-(Subject to change)

Free and unlimited at our machine at Crouse Hospital-Located in Basement Level near Security-Cafeteria.

Minimum withdrawal is \$10.00 based on available balance. No fee for available balance inquiry.

Free and unlimited at surcharge free Allpoint locations. Never pay a surcharge again when using machines within the surcharge free network. 55,000 ATM worldwide. Visit allpointnetwork.com to find ATM near you.

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