Share				n Card Applicat	tion (PLEA	SE PRINT)	
			rmation:				
Credit Union Act #			Draft Account #1396				_
			Employ	er Name			_
Address			Employ	er Phone			
City, State, Zip			Departme	ent where you work			Social
Security #		_	Date of	Hire			_
Date of Birth			Directi			_ State	_
Employee #			Email A	Address			_
Home Phone			Mother'	s Maiden Name	;		_
Cell Phone By signing below, I certify, in accordance			Member	ship Eligibility			
By signing below, I certify, in accordance identification number (TIN) shown is my							
subject to backup withholding as a result				-	-		ionned mat i ai
Are you subject to backup with	•						<i>m)</i>
					(II II	s, please complete W-01 of	,
Joint Owner Infor	·						
			Employ	er Name			_
Address			Employ	er Phone			
City, State, Zip			Departme	ent where you work			Social
Security #			Date of	Hire			_
Date of Birth			DIIVELL			_ State	_
Employee #			Email A	Address			
Home Phone			Mother'	s Maiden Name	;		_
Cell Phone			Member	ship Eligibility			
By signing below, I/we agree Funds Availability Policy Dis herein. I/We acknowledge reauthorize the Credit Union to which it which it received a co	closure, if applicable, ceipt of a copy of the run a credit report. If	, and to any Agreement f you reques	amendment th and Disclosure	e Credit Union makes es applicable to the ac	from time to to counts and serv	ime which are in vices requested h	corporated erein. I
v			v				
X Signature of Member	Date		Signature	of Joint Owner	D	ate	<del></del>
-							
X			X				
Witnessed by CU Staff or Notary	Date		Witnesse	ed by CU Staff or Notary	y D	ate	
I/We are hereby applying for of the VISA Debit Card Agre- conditions that may occur. I/V Credit Union upon approval o	ement and the Electro We authorize the Cred	nic Service dit Union to	s and Informat	ion Disclosure and an	y subsequent c	hanges in terms	and
X			X			<u>_</u>	_
Signature of Member		Date		Signature of Join		Date	
CU USE Date	Approved		Denied	VISA POS	Limit\$ Limit\$ Limit \$		
Signature			Signature				
Visa Card: 48	342999						
Co-op program 10 digits for positive #			BIN =16 DIGITS				
Member Share # for PBF 0 0 0 0			Date Card Ordered				

# Share Draft Checking Account and the VISA Debit Card!



### **¢rou\$e** 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: <u>info@crousefcu.com</u> Website: www.crousefcu.com

Brochures/118 Checking Application 01202023

#### 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:

- ❖ Apply for E Statements to avoid any monthly fees
- Review your account using our Home banking service or 24 hr Voice Response system.
- 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.
- ❖ Bill pay and Mobile Check Deposit for members using our Home Banking services
- **Personalized service guaranteed.**

If you are interested in **Overdraft Loan Protection or Courtesy Pay**—please complete a loan application **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 this 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!

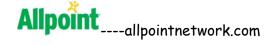
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## Our ATM is located at Crouse Hospital 736 Irving Ave. Syracuse, NY 13210 In Basement Level Near the Security Department

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



Or



- \*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.