



ATM Card Agreement

The undersigned ("I" or "we"), in consideration of the Choice One Community Federal Credit Union ("you" or "your") issuing to me an ATM CARD, hereby agrees to be legally bound by the following terms and conditions.

- 1. Accounts and Uses of ATM CARD.** I have the account(s) (including such transaction, and/or savings accounts(s)) with you set forth on my application form. I hereby request that you issue to me one or more ATM CARDS to be used in connection with such accounts as described in this Agreement.

I understand I may use the ATM CARD at any ATM to (1) withdraw cash from my account(s), (2) effect transfers to or from my accounts, (3) make or arrange for deposits to my account(s), or (4) receive information regarding the balance in my account(s).

I may also use automated teller machines (ATM) throughout the United States and in certain foreign countries which bear the PLUS SYSTEM name and logo ("PLUS SYSTEM ATM") to (1) make withdrawals from, (2) effect transfers to or from or (3) receive information regarding the balance in my transaction or savings account(s) that are designated as the primary account of each such type on my application form.

I further understand that I may use the ATMCARD at any retail establishment ("Merchant") where ATM CARDS are accepted to purchase goods and services and/or to obtain cash where permitted by the Merchant ("Purchase"). If I use the ATM CARD to make a purchase, I shall be requesting you to withdraw funds in the amount of such Purchase (including any cash received from the Merchant) from my primary transaction account designated on my application form and directing or ordering you to pay such funds to the Merchant.

I request that you provide to me such other services or access to other ATM systems or networks using the ATM CARD which you make available and which you advise me are offered in connection with my accounts(s) set forth on my application form. I also understand that from time to time I may request in writing that you provide access to additional accounts of mine through the ATM CARD you have issued to me. I agree that the uses of the STAR CARD described in this Agreement shall be subject to the rules and regulations of each account, which is accessed by such Card.

- 2. Uses of Personal Identification Number ("PIN") with ATM CARD.** I understand that any ATM or a PLUS SYSTEM ATM is an automated teller.

It can and will perform many of the same tasks as a human teller. I acknowledge that the Personal Identification Number or PIN which I use with the ATM CARD is my signature, identifies the bearer of the Card to the ATM, PLUS SYSTEM ATM or other network ATMs and authenticates and validates the directions given just as my actual signature and other proof identify me and authenticates and validates my directions to a human teller.

I also understand that a Merchant which accepts the ATM CARD for a Purchase transaction may have an electronic terminal (Merchant-Operated or self-service) which requires the use of my PIN and when my PIN is used at a Merchant's Choice One Community Federal Credit Union ATM Debit Card terminal, it will authenticate and validate the directions given to you. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the ATM CARD is a security method by which you are helping me to maintain the security of my account(s). Therefore, I AGREE TO TAKE ALL REASONABLE PRECAUTIONS THAT NO ONE ELSE LEARNS MY PIN.

3. **Liability for Unauthorized Transactions.** I agree to contact you at once if I believe the ATM CARD(s) issued to me or my PIN has been lost or stolen or funds are missing from my accounts(s). I also agree that if my monthly statement shows transactions, which I did not make, and I do not contact you within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I AGREE THAT IF I GIVE MY ATM CARD(s) AND PIN TO SOMEONE ELSE TO USE, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(s) BY THEM.
4. **How to Contact the ATM SERVICE.** I agree to contact the ATM SERVICE immediately at 1-800-472-3272, if I believe the ATM CARD issued to me or my PIN has been lost or stolen or that an unauthorized transfer or and by confirming such information in writing to you at:
 Choice One Community Federal Credit Union
 501 E Main St Plains Township PA., 18702 **(800) 610-2788** or **(570) 823-7676**
5. **Charges.** I agree to pay the charges or transaction fees, which are charged by you for these services or for services which may later be offered as such fees or charges may be imposed or changed.
6. **Deposits.** I agree that when I make a deposit at an ATM that you have the right to verify the deposit before you make the money available to me. If I deliver cash, checks, or other items to an ATM, I understand and acknowledge that the funds from my deposit may not be available for immediate withdrawal and that the availability of my deposit shall depend on your rules and regulations regarding the particular account in which I am making a deposit, the items that I am depositing, and whether the deposit is made at an ATM that is owned by you or by another financial institution. I also understand and acknowledge that not all ATMs may accept deposits and some ATMs may limit the amount of funds, which may be deposited, and you may not control these limits.
7. **Liability.** If the ATM CARD is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and the agreement for such account.

 I agree that if I make deposits to my account(s) with items other than cash (checks, drafts, or other items) and you make funds available to me from such deposits prior to their collection, I agree that you may deduct the amounts of such funds from my account(s) which are not collected or, if the funds in my account(s) are insufficient at such time, I will promptly pay to you any amount of such funds which are not collected.
8. **Amendment of this Agreement:** I agree that you may amend or change the terms of the Agreement including amendments or changes to add further ATM CARD service or to amend or change the charges for these services. You may do so by notifying me in writing or such amendments or changes and my use of the ATM CARD after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.
9. **Ownership.** I agree that the ATM CARD is your property and I will surrender it to you upon you request. I agree that the ATM CARD is non-transferable.
10. **Disclosures.** I hereby acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act and a copy of this Agreement.
11. **Charges for Transactions.** The amount of any charge will be deducted automatically from your account.

- † Fee is \$1.50 per month, unless Retired or have Full Direct Deposit
- † First 6 transaction are Free, \$.75 each transaction thereafter
- † Insufficient Funds (NSF) - \$35.00 per item
- † Overdraft Fee - \$5.00 per item
- † Direct Deposit/Retired First 10 transactions are free, \$.75 each transaction thereafter



Your savings federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government

Application

APPLICATION FOR CHOICE ONE COMMUNITY FEDERAL CREDIT UNION ATM CARD

501 E Main St

Plains Township PA., 18702

Phone: **(570) 823-7676**

Applicant

FULL NAME: (Last, First, Middle)

FULL STREET ADDRESS:

CITY, STATE, ZIP CODE

DAY TELEPHONE

EVENING TELEPHONE

IMPORTANT

Read and retain cardholder agreement for your records.

Remember to sign your application.



Signature(s) Required

I/We hereby acknowledge that I/we have received a copy of your ATM CARD Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Agreement. I/We also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Disclosure Act.

APPLICANT'S SIGNATURE DATE

JOINT APPLICANT'S SIGNATURE DATE

For Credit Union Propose ONLY

Account Number Savings #1 _____ Account Number Checking #1 _____

ATM Card Number 583614 _____ Credit Union MSR _____ Date _____

EXPLANATION OF OVERDRAFT COVERAGE



Your Right to Request Overdraft Coverage

We will not pay your overdrafts for ATM withdrawals and debit card purchases you make at a store, online, or by telephone, unless you tell us you want overdraft coverage for these transactions. Even if you do not request overdraft coverage for ATM withdrawals and debit card purchases, we may still pay your overdrafts for other types of transactions, including checks.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below.

Overdraft Fees

- We will charge you a fee of \$35.00 each time we pay an overdraft.
- We DO NOT charge you a fee for each day your account remains overdrawn.

(There is no limit on the daily fees we can charge you for overdrawing your account.)

Other Ways We Can Cover Your Overdrafts

Overdraft coverage differs from other overdraft services we offer, such as linking your account to your share/savings account with us or an overdraft line of credit.

How to request Overdraft coverage or Get more Information

To request overdraft coverage for your ATM withdrawals and debit card purchases •
You MUST complete the form below and return it to: 501 E Main St Plains Township PA., PA 18702.

For information about other alternatives, we offer for covering overdrafts, please

- Contact us at 1-800-610-2788.
- Contact us at choiceonefcu@choiceone.org

_____ I want overdraft coverage for my ATM withdrawals and debit card purchases.
_____ I understand I can opt out of overdraft coverage at any time by contacting the Credit Union.

Printed Name: _____

Signature: _____

Account Number: _____ Date: _____

