



LOCAL UNION 392 FEDERAL CREDIT UNION

Printed Name: _____

Phone Number: _____

Current Address:

Street # Street Name City State Zip Code

ATM/DEBIT CARD AGREEMENT

Local Union 392 Federal Credit Union has established ATM/Debit cards as a service to eligible members. Through the use of an ATM/Debit card our members will be able to initiate Electronic Funds Transfers (EFT) at electronic terminals including point of sale terminals (for Debit) and automatic teller machines (for ATM).

The Credit Union will offer ATM/Debit cards only to members or organizations of members of the Credit Union that have established a good history with the Credit Union, and who maintain the minimum \$10.00 balance in their primary savings and checking account(s). Organizational accounts require a certificate of resolution from the Board of Directors of the organization. The authorized signatures will be changed only by a resolution reported by the Secretary of the organization. Only one signature of an authorized person will be required on an ATM/Debit card account.

The Credit Union reserves the right to refuse an ATM/Debit card to any member or organization of members that has caused the Credit Union a loss, has a past history of misuse of other financial services at the Credit Union, a delinquent credit history, or a history of misuse with an open or closed checking or draft account with the Credit Union or elsewhere.

The Credit Union provides this service at a minimal cost to our membership (see Fee Schedule). The following are the guidelines/options for the use of this service:

1. Deposits may be made at the Credit Union office, any participating ATM, or by mail. Availability of these funds depends on their source and method of deposit. All deposits are subject to our fund availability policy.
2. The Credit Union reserves the right to adopt a service charge/fee schedule to cover costs based on use, cost of ATM/Debit cards, and/or abusive events.
3. Separate ATM/Debit card Policy/Agreements must be signed by each member to obtain an ATM/Debit card.
4. Each member will have a daily limit set for ATM withdrawals (Limits may be increased based on the C.U.'s appraisal of his/her credit)
5. The Credit Union reserves the right to require a deposit based on the set daily withdrawal dollar amount limit.
6. Negative balances (overdrafts) are NOT tolerated for either primary savings or checking accounts and are subject to fees as stated in the fee schedule. The Credit Union reserves the right to pay or decline overdrafts at our discretion; and/or to close the account(s) or ATM/Debit card at any time.

Any financial service provided by Local Union 392 Federal Credit Union may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated at Local Union 392 Federal Credit Union's discretion. I further agree, should illegal use occur, to waive the right to sue Local Union 392 Federal Credit Union for such illegal activity directly or indirectly related to it. I also agree to indemnify and hold Local Union 392 Federal Credit Union harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

PIN Numbers are not to be revealed to anyone. PIN Numbers are issued to prevent other persons from accessing your account.
YOU ARE RESPONSIBLE FOR THE SAFETY OF YOUR PIN NUMBER.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS OF THE ABOVE ATM POLICY/AGREEMENT.

SIGNATURE _____

DATE _____

As of August 15, 2010, the Credit Union cannot authorize and pay overdrafts for ATM/Debit transactions unless you authorize us to do so. If you authorize us to allow ATM/Debit transactions that result in a negative balance, your account will be subject to applicable NSF and negative daily balances fees as specified in the fee schedule. If there are insufficient funds in your account and you have elected not to authorize overdraft coverage, your ATM/Debit transaction could be declined.

If you choose to OPT IN: we will continue to pay* reasonable ATM/Debit card transactions that may cause your account to go into a negative balance status. You will be charged an insufficient fund (NSF) fee of \$20.00** for each overdraft item we pay and, if applicable, a \$3.00** daily negative balance fee as set forth in our Fee Schedule**.

If you choose Not to OPT IN: your ATM/Debit card transaction may be declined if there are insufficient funds in your account to cover the transaction.

_____ I want overdraft coverage for ATM/Debit card transactions.

_____ I decline overdraft coverage for ATM/Debit card transactions.

_____ **Printed Name**

_____ **Signature**

_____ **Date**

NOTE: Once an overdraft has occurred, you are obligated to bring your account to a positive balance within 30 calendar days.

- *We pay overdrafts at our discretion and we do not guarantee that we will always authorize and pay any type of transaction when you have overdrawn your account.
- **Fee Schedule is subject to change.

Office Use Only: Account #: _____ Card Order Date: _____ Staff Initial: _____