



# Choice One Community ATM Card Cardholder Agreement

The undersigned (“I” or “we”), in consideration of the Choice One Community Federal Credit Union (“you” or “your”) issuing to me a 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

101 Hazle Street, P.O. Box 1205  
Wilkes-Barre, PA 18703-1205  
**(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 a 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 a 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 a 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
  - First 6 transaction are Free, \$.75 each transaction thereafter
  - Insufficient Funds (NSF) - \$30.00 per item
  - Overdraft Fee - \$5.00 per item
  - Call the credit union to get a free ATM card





# ATM Card Application

APPLICATION FOR CHOICE ONE FEDERAL CREDIT UNION STAR CARD  
 101 Hazle Street w P.O. Box 1205  
 Wilkes-Barre, PA 18703-1205  
 Phone: **(570) 823-7676**

**Applicant**

LAST NAME, FIRST NAME, MIDDLE INITIAL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

APARTMENT NO./ P.O. BOX NO. \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

DAY TELEPHONE \_\_\_\_\_ EVENING TELEPHONE \_\_\_\_\_  
Area Code Area Code

**Number of Cards** | Request:  One Card  Two Cards  
 (Check only one option)

**Account Information**

TYPE	ACCOUNT NUMBER	TYPE	ACCOUNT NUMBER
Checking 101	0 0          0 7	Checking 102	0 0          0 7
Statement Savings 201	0 0 0 0 0          0 1	Statement Savings 202	0 0 0 0 0          0 1

**Signature(s) Required**

I/We hereby acknowledge that I/we have received a copy of your STAR 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

FINANCIAL INSTITUTION USE ONLY			
<b>SPECIAL HANDLING</b> <input type="radio"/> Pull Card <input type="radio"/> Demo Card	<b>PARTICIPANT ID</b> 5   8   3   6   1   4	<b>PREPARED BY</b> _____	<b>DATE</b> _____
	<b>BRANCH ID</b> _____	<b>CARD PREFIX</b> 5   8   3   6   1   4   0   0	<b>APPROVED BY</b> _____

