



DEBIT CARD APPLICATION

Please print legibly. For assistance with this form, please call us at (718) 847-0202.

General Account Information		
Members must have a share draft account. If requesting two cards, both individuals must be co-owners of the account and both must sign the agreement.		
Credit Union Acct#:	<input checked="" type="checkbox"/> Share Account <input checked="" type="checkbox"/> Share Draft Account	# of Cards Requested:
Cardholder # 1		
Name (Last, First, Middle):	Social Security Number	
Street / Apt.	City/State/Zip	
Home Telephone	Daytime Telephone	
Mother's Maiden Name	Date of Birth	
Employer	Do you get direct deposit?	
Cardholder # 2		
Name (Last, First, Middle):	Social Security Number	
Street / Apt.	City/State/Zip	
Home Telephone	Daytime Telephone	
Mother's Maiden Name	Date of Birth	
Employer	Do you get direct deposit?	
Disclosure		
<p>By signing below, I acknowledge receipt of your Account Agreement and Disclosures booklet. I agree to be bound by the terms and conditions set forth in your Disclosure Statements and Account Agreements. I agree to conform to the Credit Union's Rules, Regulations, Bylaws, and Policies now in effect and as amended or adopted hereafter. I agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws, and Policies.</p> <p>I understand that the Card must be surrendered promptly upon closure of my account or upon the written request of the Credit Union, or be disposed of or destroyed in accordance with the Credit Union's instruction.</p> <p>I understand that the card will be valid for three (3) years from the date of issuance, unless cancelled, and the Credit Union may issue a new Card provided I maintain my account in accordance with the Credit Union's then effective Rules, Regulations, Bylaw and Policies.</p> <p>I understand that I will be responsible for fees and charges incurred as a result of use of the card as set forth in the Rate and Fees Schedule, Rules, Regulations and Bylaws of the Credit Union, as amended from time to time. To the extent permitted by law, my responsibility may extend to unauthorized use of the card and usage after the account is closed.</p> <p>I understand that the fees and/or fee structures may change from time to time. And that I will be notified of any such changes in accordance with the Terms and Conditions of my account or as otherwise permitted by law. I understand that I may incur additional surcharges or fees when using ATMs not owned and operated by the Credit Union. These fees or charges will be deducted from my account, are set by and paid to other financial institutions and are not in the control of the Credit Union. I understand that I am responsible for paying any such fees. I understand that International ATM transactions will be charged at a higher rate, in accordance with the Rate and Fee Schedule.</p> <p>I am responsible for reporting lost/stolen cards or unauthorized transactions immediately, in accordance with the Terms and Conditions of my account, and may be responsible for unauthorized transactions, to the extent permitted by law. I understand that I will be assessed a fee for canceling the card. If you believe your card or code has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call (718) 847-0202 or write: ATM / Debit Card Coordinator 16-16 Whitestone Expressway Whitestone, N.Y. 11357</p> <p>I understand that I may make withdrawals from authorized terminals and purchase goods or services in point-of-sale transfers as set forth in and subject to the limitation of the Rate and Fee Schedule, or as may be limited by the provider of the terminal or service.</p>		
Signature	Date	
Signature	Date	

For Credit Union Use Only:

Card / Pin Ordered: _____

Set up in Fiserv: _____