HORIZONS FEDERAL CREDIT UNION

DEBIT/ATM CARD REQUEST/AGREEMENT

PLEASE PRINT

Primary Member Name: _____ Member Account # _____ Today's Date _____

Address: _____ City, State, Zip _____

Primary Member Mother's Maiden Name _____ Date Checking Account Opened _____

SS # _____ Birth Date _____ (required) Home Phone _____ Work _____

Driver License # _____ State _____ Joint Owner _____

Joint Owner SS # _____ Joint Owner Birth Date _____

Joint Owner Mother's Maiden Name _____

DEFINITIONS

"Member", "I", "me", "mine", and "my", "you", and "yours" mean each and every person in this agreement.
"Credit Union" and "us" means Horizons Federal Credit Union, 120 Main Street, Binghamton, NY. ATM Network means the network of computer terminals and/or authorized teller machines owned and operated by National and Regional ATM Switch Networks, in certain retail locations.
"Automated Teller Machine" means the ATM and any other similar machines subsequently available to perform transaction on my accounts with the Credit Union.
"Personal Identification Number" (PIN) means the code number which I have selected and must use together with the Debit card of ATM card to operate ATMs or perform ATM Network transactions. This code number may also be referred to as the PIN number.
I hereby apply for permission to use Automated Teller Machines-ATM Networks to perform transactions on my Credit Union accounts referred to in this agreement by using Debit/ATM cards selected by me in this agreement.

CARD SELECTION

A. Horizons Debit/ATM card. I hereby apply for a Horizons Debit/ATM card to be used by me to gain access to the ATM network.
B. ATM card. I hereby apply for an ATM card to be used by me to gain access to the ATM network.

_____A only: Debit/ATM card- By applying for a Horizons Debit card you authorize us to investigate your credit standing when opening, or renewing your account. In this connection the loan officer may request and use a report from outside the credit reporting agencies at any time. If you request it, we will tell you whether or not we asked for such a report and if we have the name and address or the agency or agencies. Number of cards to order _____.

_____B only: ATM (Acct. #_____)

I have chosen a PIN which I must use together with the ATMs and ATM network. I agree to safeguard this PIN and not disclose it to anyone and not to record the number on or near the card itself. PIN recorded on separate form and the original will be destroyed by the credit union.

1. CARD USE AND CONDITIONS

The ATM card is provided to me for completing certain transactions as described in the Electronic Fund Transfer Disclosure Statement from my regular savings or checking account. The Horizons Debit card, or any similar card provided by the credit union may also be used to pay merchants at the point of sale. The funds to pay said merchants will come directly from my checking account or any other account as designated by the credit union. These transactions may be performed only while the accounts have sufficient available balances. I understand that a deposit become "available" only after the credit union has verified and collected the funds. All terms and conditions of the written agreements which I previously made with the credit union regarding the use of my savings account, checking account, or Line of Credit will apply to all transactions in which the Debit card and an automatic teller machine or ATM Network are used, unless any term of those agreements conflicts with the terms of this agreement in which case the terms of this agreement will control.

2. LIMITATIONS ON USE

For the protection of both the membership and the credit union, certain limits on the use of my ATM card are imposed for both the ATMs and the ATM Network. They are disclosed in the Electronic Fund Transfer Disclosure Statement. All deposits, payments, or other transfer transactions made through any ATM or ATM network will not be binding on the credit union until verification by the credit union. Whenever possible, verification will be made on the first business day following the transaction.

3. LOCATIONS

The credit union may determine and/or change the location of the ATMs and/or ATM networks at any time without prior notice to me.

4. ATM CARD AND PERSONAL IDENTIFICATION NUMBER (PIN)

The ATM card and PIN will always remain the property of the credit union. The credit union may terminate my right to use the ATM card and/or PIN of the ATM network at any time. I will return my ATM card and/or PIN to the credit union whenever asked for it.
I will not transfer my Debit/ATM card to another person nor will I allow any other person to use my Debit/ATM card and PIN. I will take all reasonable precautions to keep my PIN separate from my Debit/ATM card and to prevent the unauthorized disclosure of my PIN. If I disclose my PIN to any person and/or permit any person to use my Debit/ATM card, I shall be liable for the use of my PIN and/or Debit/ATM card by that person until I have notified the credit union that transactions by that person are not longer authorized. Upon notification, the credit union will, as soon as possible, block further ATM or ATM network transactions on my account(s).

5. RENEWAL CARDS

The Debit/ATM Card may be replaced by any renewal or substitute cards issued by the credit union.

6. DISCLOSURES OF ADDITIONAL TERMS, RIGHTS AND LIABILITIES

Additional terms, rights, and liabilities which affect me and the credit union, are printed in the separate Electronic Funds Transfer Disclosure Statement, the previous of which are a part of this agreement and are binding upon me and the credit union.

7. AMENDMENTS TO THIS AGREEMENT

The credit union may change any term of this agreement by mailing or delivering to me a written notice of change at least 21 days before the effective date of any change. In the event the credit union determines that an immediate change is necessary to maintain or restore the security of either the ATM, ATM network system or any account, then it may make the necessary change without advising me in advance.

8. WAIVER OF RIGHTS

The credit union can delay enforcing any of its rights against me under this agreement without losing them. I accept all of the terms and conditions contained in this agreement and acknowledge that I have received a copy of this agreement.

9. RECEIPT OF DISCLOSURE STATEMENT

I acknowledge receipt of a copy of the Electronic Fund Disclosure Statement.

PLEDGE OF SAVING ACCOUNT(S) - NOTE: You pledge to us and grant a security in all line of credit accounts, individual and/or joint accounts you have with us now and in the future to secure all advances made pursuant to your Debit/ATM card. You authorize us to apply the balance in these account(s) to pay any amounts due under this agreement if you should default.

X_____
Member's Signature

X_____
Joint Owner's Signature (Must be a member)