



## Additional Services Form

*You must have a share draft account to get a debit card. You are not required to order checks.*

*Please print legibly. For assistance with this form, please call us at (718) 780-3618.*

*(Updated 5/09)*

First Name:	Last Name:	Credit Union Account #:	Daytime Telephone #:
Name(s):			
Street Address:			
City, State Zip:			

### Open a Share Draft Account

*We will automatically open a share draft account for you. Your debit card is tied to your share draft account. If you order checks, make sure that you have enough money to cover the cost of the checks as you will be charged upon shipping.*

Funding account: <input type="checkbox"/> No transfer (debit card can only function at an ATM) <input type="checkbox"/> Transfer the following amount of money from my share account: <input type="checkbox"/> Deposit the enclosed money to my share draft account:	Amount:
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### Check Order Information (Complete Only if You Want to Order Checks)

Style Code Desired:	Cover Color:	Starting Check #:	# of Boxes:
<i>Checks will be ordered with the name and address information as it appears above. If you want your checks to be printed differently, you must put it in writing.</i>			

### Order Debit Card(s) (if applicable)

*If requesting two cards, both individuals must be co-owners of the account and sign the agreement. Cards will be sent to address listed above.*

Cardholder #1:		Cardholder #2:	
Last 4 digits SSN:	Card Style #:	Last 4 digits SSN:	Card Style #:

### Additional Access to Account:

*We have both an audio response system and a home banking product. There may be a delay on certain ATM and debit card transactions that have not yet been reported to our data processor. Our home banking product uses 128-bit encryption security. If you suspect any tampering with your account or any fraud, you must notify us immediately for your protection.*

<input type="checkbox"/> Audio Response (telephone) <input type="checkbox"/> Home Banking (internet)	Optional: Cross Account Transfers (deposits only)
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### Disclosures:

By signing below, I acknowledge receipt of your Disclosures and I agree to be bound by the terms and conditions set forth in them. I agree to conform to the Credit Union's Rules, Regulations, Bylaws now in effect and as amended or adopted hereafter. I agree to pay any charges or fees which may be required or assessed under them. I authorize you to check my credit history prior to extending any services to me. I understand that the Credit Union has the right to return any draft unpaid if the balance in my share is not sufficient to pay the draft and that I will be charged for the returned item fee. If I want overdraft protection I understand that I must apply for and be approved for such a loan.

I understand that the debit card ("Card") is property of the Credit Union and that it must be surrendered promptly upon closure of my account or upon written request of the Credit Union, or be disposed of or destroyed in accordance with the Credit Union's instruction. It has been issued to me so that I can access my account electronically. I may use the Card at any ATM, Point-of-Sale terminal, or merchant accepting the networks to which the Credit Union has subscribed. Use of the Card is a privilege, not a right. I understand that the Card may be cancelled at any time by the Credit Union for my failure to use the Card, or my account in general, in accordance with the Credit Union's then effective rules, regulations, bylaws, and policies. I understand that I will be responsible for fees and charges incurred as a result of the Card as set forth in the Credit Union's Fee Schedule, 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. I understand that I may incur additional surcharges of 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 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.

Signature:	Date:	Co-owner's Signature:	Date:
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#### For Credit Union Use Only (please date and initial):

Date Received:	Draft Acct Opened:	Check Digit:	Checks Ordered:	Audio Response:	Home Banking:	IVR Ref #1:	Debit Card Ordered:
						IVR Ref #2:	