

## Detach this Section and Retain for Your Records

### Use your North Shore LIJ Health System FCU ATM Card to make:

- Withdrawals up to \$500 from your available balance.
- Balance inquiries.
- Transfers between accounts.

### Keep your Personal Identification Number (PIN) confidential.

- Your PIN is for your use only.
- Never write your PIN on your North Shore LIJ Health System FCU ATM Card.
- Never give out your PIN over the phone.
- Record your PIN and keep it in a safe place.

### Treat your card like cash, checks, credit cards.

- Keep it secure when not being used.
- Keep it in your card glove.

### Call us whenever you have a question or problem.

- We can help you with any concerns about your North Shore LIJ Health System FCU ATM Card.

### Charges

- Replacement Card ..... \$5.00
- ATM Transactions ..... 6 free per month  
(Withdrawals, balances inquiries and transfers) \$1.00 each  
additional transaction per month
- POS Transactions ..... No fee

#### Availability of Deposit

Funds from deposits may not be available for immediate withdrawal. Please refer to your institution's rules governing funds availability for details.

## LOCATIONS & HOURS

### Manhasset Office

300 Community Drive  
Manhasset, NY 11030  
516.562.4918

Monday, Wednesday, Friday: 7:30 a.m. - 3:00 p.m.  
Tuesday & Thursday: 8:30 a.m. - 4:00 p.m.

### Jericho Office

350 Jericho Turnpike  
Jericho, NY 11753  
516.301.3040

Monday, Wednesday, Friday: 7:30 a.m. - 3:00 p.m.  
Tuesday & Thursday: 8:30 a.m. - 4:00 p.m.

You can also visit a Shared Service Center  
(including nights and Saturdays) to  
transact NSLIJHS FCU business.  
Visit [www.nsljhsfcu.org](http://www.nsljhsfcu.org), click  
Shared Service Center for  
a convenient location near you.

### 24-HOUR TELLER

888.674.7328



# ATM Card

*Disclosure & Application*

NORTH SHORE LIJ HEALTH SYSTEM FEDERAL CREDIT UNION





# ATM Convenience

North Shore LIJ Health  
System Federal Credit Union

With a North Shore Health System FCU ATM card you can do your banking anytime — day, night or weekends. If you would like to have the convenience of 24-hour banking, just fill out this form and return it to us. Your North Shore Health System FCU ATM card will arrive about two weeks after we receive your request.

You will also receive a Personal Identification Number (PIN) to be used with your card. Keep your PIN confidential. Should you ever forget your PIN or wish to change it, please contact the credit union.

**For Credit Union Use Only**

## North Shore LIJ Health System FCU ATM Card Order Form

(PLEASE PRINT OR TYPE)

FIRST NAME/M.I.

LAST NAME

FIRST NAME/M.I. (FOR JOINT ACCOUNTS)

LAST NAME

ADDRESS

CITY/STATE/ZIP

SHARE DRAFT ACCOUNT NUMBER

SHARE ACCOUNT NUMBER

SIGNATURE

SIGNATURE (FOR JOINT ACCOUNTS)

DATE

DAYTIME PHONE

### For Credit Union Use Only

CARD NUMBER

OPERATOR INITIALS DATE

In this agreement, the words "you," "your" and "your" mean any holder or other authorized user of your ATM card. The words "we" and "us" mean the financial institution named on the reverse side hereof which you have a checking or savings account. "Checking account" means your share draft account or checking account. "Savings account" means your regular statement savings account. "AT Terminal" means electronic funds transfer terminal; this includes automated teller machines, point-of-sale terminals and other EFT devices. "ATM card" means each magnetically encoded AT terminal card provided to you by us. "PIN" means the personal identification number selected by you for use with your ATM card. By signing the attached forms or by use of your card you agree with us as follows: 1. ATM card. Each ATM card issued to you pursuant to this agreement is our property and may be canceled or repossessed by us at any time, with or without cause. You must surrender to us on demand each ATM card issued to you. If you permit or authorize other persons to use your ATM card and PIN, you will be liable for the resulting transaction. You grant against anyone making a transaction that you have not authorized, you should take all reasonable precautions to prevent any other person from learning your PIN. You cannot use the ATM card for financial transactions until we have validated it.

2. Use of Errors or Questions About Your Electronic Transfers. Telephone or write us at the telephone number and address shown on the reverse side hereof as soon as you can if you think your statement or receipts are wrong or if you need more information about a transfer listed on your statement or receipt. We must hear from you no later than 60 days after we sent you the EFT statement on which the problem error appeared. (a) Tell us your name and account number (if any). (b) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information. (c) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. Sunday, Saturday and holidays are not included. We will tell you the results of our investigation within 10 business days (this time period will be 20 business days for complaints or questions that relate to payment of purchases at the point-of-sale) after we hear from you and we will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days for complaints or questions that relate to payment of purchases at the point-of-sale) to investigate your complaint or question. If we decide to do this, we will recredit your account within 10 business days (20 business days for complaints or questions that relate to payment of purchases at the point-of-sale) for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not recredit your account. If we decide that there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

3. Account Information. We will disclose information to third parties about your account or the transfers you make: (a) where it is necessary for completing transfers or resolving errors involving transfers or (b) in order to verify the existence and condition of your account for a third party, such as a credit bureau or a merchant or (c) in order to comply with the government agency rules, court orders or other applicable law or to our employees, service providers, auditors, collection agents or attorneys in the course of their duties or (d) if you give us your written permission. 4. Transaction Receipts. You can get a receipt at the time you make any transfer to or from your account using an EFT terminal.

5. Our Liability for Failure to Make Transfers. If we do not complete a transfer to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will NOT be liable, for instance: (a) if, through no fault of ours, you do not have enough money in your account to make the transfer; (b) if the transfer would govern the credit limit on your overdraft line, if you have one; (c) if the automated teller machine where you are making the transfer does not have enough cash; (d) if the EFT terminal or processing system was not working properly and you know about the breakdown when you initiated the transfer; (e) if circumstances beyond our control, such as fire or flood, prevent the transfer; despite reasonable precautions we have taken; (f) if the funds in your account are subject to legal process or other encumbrance blocking the transfer; (g) if your ATM card is reported lost or stolen; or (h) if we are holding uncollected funds in your account and the transfer would require the use of those funds. There may be other exceptions stated in our account agreement with you.

6. Your Liability. Tell us AT ONCE if you believe your ATM card or your PIN has been lost or stolen. Reporting to us the best way of keeping your possible losses down. You could lose all the money in your account (plus your maximum overdraft line of credit, if you have one). If you let us know within two business days, you can lose no more than \$500 if someone used your ATM card and PIN without your permission. If you do NOT let us know within two business days after you learn of the loss or theft of your ATM card or PIN and we can prove we could have stopped someone from using your ATM card or PIN without your permission, you could lose as much as \$500.00. Also, if our statements show transfers that you did not make, tell us as soon as you do not tell us within 60 days after the statement was mailed to you, you will be liable for up to \$500.00 for that account during such 60-day period and you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a long trip or hospital stay) kept you from telling us, we will extend the time period to a reasonable time.

7. Reporting Lost Cards or PINs or Unauthorized Transfers. If you believe your ATM card or PIN has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call or write us at the telephone number and address on the reverse side hereof.

8. Types of Transactions. You may use your ATM card with your PIN to: (a) withdraw cash from your checking or savings accounts; (b) inquire as to the available balance of your checking and savings accounts; (c) make deposits to your checking and savings accounts; (d) transfer funds between your checking and savings accounts; (e) purchase goods or services in places that have agreed to accept the ATM card; (f) make payments on loans or advances that you owe us; (g) perform bill payments (services may be available from time to time, and for which we send separate notification to you on this agreement). Some of these services may not be available to you at all EFT terminals. If you have one more than one account with us, some of these services may not be available for each account. On each processing day, (A) you may withdraw from automated teller machines up to a maximum of the amount shown on the reverse side hereof (or your available balance, if it is less than such amount), from each account accessed by your ATM card; and (B) by use of point-of-sale terminals, you may buy in goods or services up to a maximum of the amount shown on the reverse side hereof (or your available balance, if it is less than such amount). Every calendar day is a processing day, except that Sunday, Saturday and Monday are treated as single processing days for security reasons, there are other limits on the number and size of transfers you can make using your ATM card. In all cases, you agree to be responsible for all transfers authorized by you on them which you receive any benefit.

9. Periodic Statements. You will get a monthly account statement for your checking account. You will also get a monthly account statement for your savings account unless there are no transfers in a particular month. In any case, you will get the statement for your savings account at least quarterly.

10. Service Charges. Information regarding service charges for use of your ATM card is contained in this agreement.

11. Modification of this Agreement. Termination. The terms of this agreement may be changed by us from time to time by notice from us to you. We may also revoke your right to use your ATM card at any time. You agree to pay us for any cash withdrawn, services charges or other items that remain unpaid at the time this agreement is for any reason terminated.

12. Applicable Law. This agreement is governed by the laws of the state where our principal office is located (as shown on the reverse side hereof).

13. Agreement. Your signature on the attached form will evidence your agreement to be bound by the terms and conditions of this agreement.

**Read here. This information should be retained for your records.**