



1152 Franklin St. Johnstown Pa 15905
Phone: 888-296-8728 Fax: 814-535-5146

ATM / DEBIT APPLICATION

ACCOUNT #: _____

LAST NAME OF APPLICANT: FIRST: MI: _____

LAST NAME OF CO-APPLICANT: FIRST: MI: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

HOME PHONE: () CELL PHONE: () E MAIL ADDRESS: _____

- I give permission to the Credit Union to contact me at the phone numbers listed above in regards to fraud against my ATM / Debit card.
I DO NOT give permission to the Credit Union to contact me at the phone numbers listed above in regards to fraud against my ATM / Debit card.

Our current process is to pay your purchases or honor your ATM cash withdrawal and should it take you to a negative balance, charge you our standard fee.

If you do not Opt In, the possibility may occur where you will be denied for a purchase when presenting your card at a merchant. You may also be turned down for cash from an ATM.

CHOOSE YOUR OWN PERSONAL IDENTIFICATION NUMBER: _ _ _ _

The small print:

- The Credit Union may pull a Credit Bureau report on a member applying for an ATM/Debit card. This will be used to determine if a card will be ordered, and if a limit will be placed on the card.
The Credit Union will order an ATM/Debit card if a member is signed up for Direct deposit or has a balance of \$100. The Credit Union reserves the right to delay ordering a card.
If, for any reason, a member does not qualify for a card, an adverse action notice will be sent by U.S. mail to the member.
Any abuse of the account will cause the Credit Union to revoke the card immediately. Notification of this action will be sent to the member via U.S. mail.
Debit cards can only be issued if member has a CHECKING ACCOUNT.
If you have a negative balance in your account, you will have 48 hours from the time the negative balance occurred to bring your account back to a positive balance. It will be the members' responsibility to monitor their own account to make sure overdrafts do not occur.
Should the account not be brought back to positive within the 48 hours, all plastic card access to your account will be revoked.
Should you desire to have the plastic access back, you must bring the account back to a positive balance, set up an overdraft protection loan and/or make a deposit of at least \$250 to your share account that will be available for transfer in the event of subsequent over draft.
Should the account not be brought back to a positive balance in one week, your account will be included in the next Board of Directors meeting and approved for charge off. The negative balance will then be covered with a loan to you and the loan will be charged off and reported to the Credit Bureau as such.

I want HEALTHCARE FIRST CREDIT UNION to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.

NAME: _____

Date: _____

Applicant Signature Date
I (We) agree to the above terms and conditions.

Co-Applicant Signature Date

FOR OFFICE USE ONLY
CHECKING ACCOUNT SAVING ACCOUNT OPT IN OPT OUT
CARD NUMBER CARD NUMBER