

Member Information

Member Number _____	Member Name _____
Street _____	City/State/ZIP _____
Home Phone _____	Cell Phone _____ Text Alerts _____
Date of Birth _____	Social Sec. # _____

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfer Agreement.

Debit Card # XXXX1300 _____

Signature	Date
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Date Ordered _____

 Ordered By _____
 (Staff Initials)

OPT IN NOTIFICATION

Cardholders can request to be covered by Optional Courtesy Pay which covers ATM and everyday debit card transactions posting to their checking account.

- *There will be a \$25 fee each time the credit union pays an overdraft for an ATM or everyday debit card transaction for which the cardholder has "Opted In".*
- *There is no limit to the number of overdraft fees that the credit union will assess in any one day.*
- *The cardholder can revoke any previous "Opt In" coverage at any time by signing an Opt In Revocation Form and submitting that form to the credit union.*

I DO NOT want CCSE FCU to authorize or pay overdrafts on my ATM and everyday spend transactions.

I want CCSE FCU to authorize and/or pay overdrafts on my ATM and everyday debit card transactions. I have been provided with a copy of the "What You Need to Know about Overdrafts and Overdraft Fees" information sheet and understand that I can revoke my authorization at any time by signing the Revocation order and presenting this to the Credit Union.

 Signature

 Date

Revocation of Opt In

I hereby revoke my consent to have CCSE FCU authorize and pay overdrafts on my ATM and everyday debit card transactions. I further understand that any ATM or everyday debit card transaction already pre-approved at the time of this request cannot be stopped and that I may still be assessed fees for those. I further understand that the credit union must be given ample notice to stop the overdraft coverage on my account.

 Signature

 Date

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