

Blue Chip Federal Credit Union
CARDHOLDER AGREEMENT

I/we, the applicant(s), in consideration of Blue Chip Federal Credit Union (you, your) issuing to me a Blue Chip Federal Credit Union VISA Debit Card, hereby agree to be legally bound by the following terms and conditions:

1. Accounts and uses of Blue chip Federal Credit Union VISA Debit Card (hereafter referred to as CARD). I have the account(s) with you set forth on my application. I hereby request that you issue to me one or more CARDS to be used in connection with such accounts as described in this Agreement. I understand I may use the CARD to (1) withdraw cash from my accounts, (2) effect transfers to or from my accounts, (3) make or arrange for deposits to my account(s) or (4) receive information regarding the balance in my account(s). I may also use the CARD at ATMs (automated teller machines) throughout the United States and in certain foreign countries that bear the PLUS SYSTEM name and logo (PLUS SYSTEM ATM) to (1) make withdrawals from, (2) effect transfers to or from, or (3) receive information regarding the balance in my checking or saving accounts) that are designated as the primary account of each such type on my application form.

I further understand that I may use the Blue Chip Federal Credit Union VISA Debit Card at any retail establishment (Merchant) where VISA debit cards are accepted to purchase goods and services and / or obtain cash were permitted by the Merchant (purchase). If the transaction is processed using the VISA Debit Card capability, no Personal Identification Number (PIN) is required to authenticate and validate the transaction. I, therefore, agree to take all reasonable precautions that no one else has access to my VISA Debit Card. If I use the CARD to make a Purchase, including any cash received from the merchant from my primary checking account, I am directing or ordering you to pay such funds to the Merchant.

I request that you provide to me such additional services or access to other ATM systems or networks using the CARD which you may make available and which you advise me are offered in connection with my account(s) set forth on my application form. I agree that the uses of the CARD described in this Agreement shall be subject to the rules and regulations for each account, which is accessed by such CARD.

2. Use of PIN with the CARD. I understand that a PLUS SYSTEM ATM is an automated teller. It can and will perform many of the same tasks as a human teller. I acknowledge that the PIN, which I use, with the CARD is my signature, identifies the bearer of the CARD to the PLUS SYSTEM ATM or other network ATM and authenticates and validates the directions given just as my actual signature and other proof identify me, authenticate and validate my directions to a human teller. I also understand that the Merchant who accepts the CARD for a purchase transaction may have an electronic terminal (Merchant operated or self-served) which requires the use of my PIN and when my PIN is used at a Merchant's terminal, It will authenticate and validate my directions given just as my actual signature will authenticate and validate my directions given to you. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the CARD is a security method by which you are helping me to maintain the security of my account(s). Therefore, I AGREE TO TAKE ALL REASONABLE PRECAUTIONS THAT NO ONE ELSE LEARNS MY PIN.

3. Liability for Unauthorized Transactions. I AGREE TO CONTACT YOU AT ONCE if I believe the CARD(s) issued to me or my PIN has been lost or stolen or money is missing from my account(s). I also agree that if my monthly statement shows a transaction, which I did not make, and I do not contact you within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I AGREE THAT IF I GIVE MY CARD(S) AND PIN TO SOMEONE ELSE TO USE, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(S) BY THEM.

4. How to contact Blue Chip Federal Credit Union. CONTACT US IMMEDIATELY if you believe your Blue Chip Federal Credit Union VISA Debit Card or PIN has been lost or stolen or that an unauthorized transfer from your account has occurred or might, by phoning, and by confirming in writing to: Blue Chip Federal Credit Union 5050 Derry Street, Harrisburg, PA 17111 Telephone: 77-564-3081 or 1-800-782-2328 After Hours Toll Free: 1-800-472-3272

If you notice unauthorized transactions on your statement, if you think a statement or receipt is wrong or if you need more information about a purchase listed on the statement or receipt, call 800-782-2328 or 717-564-3081, or immediately write to: Blue Chip Federal Credit Union, 5050 Derry Street, Harrisburg PA 17111.

5. Charges. I agree to pay the charges or transaction fees which are charged by you for these services or for services which may later be offered as such fees or charges may be imposed or changed from time to time.

6. Deposits. I agree that when I make a deposit at a PLUS/STAR ATM, you have the right to collect that deposit before you make the money available to me. If I deliver cash, checks or other items to a PLUS/STAR ATM, I understand and acknowledge that the funds from my deposit may not be available for immediate withdrawal and that the availability of my deposit shall depend on your rules and regulations regarding the particular account in which I am making a deposit, the items that I am depositing and whether the deposit is made at a PLUS/STAR ATM that is owned by you or another financial institution. I also understand and acknowledge that not all PLUS/STAR ATMs may accept deposits and some PLUS/STAR ATMs may limit the amount of funds that may be deposited and you may not control these limits.

7. Liability. If the CARD is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and the agreement for such account.

I agree that if I make deposits to my account(s) with items other than cash (checks, drafts or other items) and you make funds available to me from such deposits prior to their collection, that you may deduct the amounts of such funds from my account(s) which are not collected or, if the funds in my account(s) are insufficient at such time, I will promptly pay to you any amount of such funds which are not collected.

Furthermore, I agree that the Credit Union has a right to sue, (including seizure, sale and application of the proceeds) any collateral now or hereafter pledged to the credit union, including by not limited to, shares on deposit with the credit union and any other account of mine or in which I have an interest or any personal property pledged including motor vehicles and for the purpose of this paragraph, all security agreements in effect securing a repayment of any other indebtedness are hereby incorporated as if fully set out at length, as payment towards my unpaid balance under this Agreement in the event of non-payment.

In addition, I acknowledge any act or failure to act on my part which causes the loss of \$100 or more to the Credit Union whether under this, or any other Agreement, that the Credit Union may terminate all of my membership privileges including Blue Chip Federal Credit Union VISA Debit Card, Share Draft (checking) account, Vacation and Christmas Clubs. The only rights I may retain are (1) maintenance of a share account (which may or may not be interest bearing); and (2) voting at annual or special meetings.

8. Amendment of the Agreement. I agree that from time to time you may amend or change the terms of this agreement including amendments or changes to add further CARD services or to amend or change the charges for these services. You may do so by notifying me in writing of such amendments or changes and my use of the CARD after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

9. Ownership. I agree that the CARD is your property and I will surrender it to you upon your request. I agree that the CARD is non-transferable.

10. Disclosures. I hereby acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act and a copy of this Agreement.



CU Use Only

CU EMPLOYEE INITIALS: DATE:

PROCESSED BY: DATE: CARD # ISSUED:

VISA Debit Card/ATM Card Application

APPLICANT

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET ADDRESS

APARTMENT NO./P.O. BOX NO.

CITY, STATE, ZIP CODE

E-MAIL ADDRESS SOCIAL SECURITY NUMBER

CELL OR HOME TELEPHONE WORK TELEPHONE

JOINT APPLICANT

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET ADDRESS

APARTMENT NO./P.O. BOX NO.

CITY, STATE, ZIP CODE

E-MAIL ADDRESS SOCIAL SECURITY NUMBER

CELL OR HOME TELEPHONE WORK TELEPHONE

ACCOUNT INFORMATION

IF THIS IS A JOIN APPLICATION, BE SURE THE ACCOUNTS LISTED ARE THE APPLICANTS' JOINT ACCOUNTS.

TYPE	ACCOUNT NUMBER	TYPE	ACCOUNT NUMBER
Checking		Savings	

SIGNATURE(S) AGREEMENT

I/we hereby acknowledge that I/we have received a copy of your STAR/ATM Debit Card Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Agreement. I /we also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Funds Transfer Act. I/we authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me or my affairs and all joint owners upon request of this credit union. I understand that I and any or all of my joint owners have the right to request, in writing, the nature and scope of the credit union's investigation.

X Applicant's Signature and Date X Joint Applicant's Signature and Date



**Blue Chip Debit Card –  
Fast and Convenient**

**Access your accounts 24-hours a day, 7 day a  
week with the Blue Chip FCU VISA Debit Card!**



**Apply for your FREE  
Blue Chip FCU Debit  
Card Today!**



**Easy,  
Convenient &  
Fast Access to  
Your Money!**

- FREE debit card with no annual fees or activity minimums required.
- Funds are deducted automatically from your checking account.
- Access cash from thousands of surcharge free ATMs Nationwide. Just look for the CU Network logo.
- Skip the checkbook! No writing checks or carrying checkbook everywhere you go.
- Use it anywhere VISA is accepted
- Withdrawal up to \$300 daily with exceptions made on individual situations\*.
- Get cash back at participating retail shops at checkout.

**Safe and Secure  
for You!**

- No carrying large sums of cash
- Micro-chip technology makes accessing your funds electronically even more secure than ever before.
- VISA zero-liability protection – When you choose to use your card as “credit”, you are protected through VISA’s zero-liability protection.
- Unusual Activity Notification – You will be contacted if any unusual activity on your card or account are detected



**[www.bluechipfcu.org](http://www.bluechipfcu.org)**

5050 Derry Street, Harrisburg, PA 17111  
800-78BCFCU (782-2328)



**VISA Debit Card/ATM Card Application**

\*Member NCUA.  
Withdrawal limits can  
be increased based on  
individual needs. Contact  
the credit union for  
complete details.