

Member Name: _____

Address: _____

City, State, Zip: _____

Card Name: (21 Characters): _____

Member Number: _____ Share ID: _____

Date of Birth: _____ SSN: _____

E-mail Address: _____

Card Design: _____

Joint Owner Information (if applicable)

Name: _____

Date of Birth: _____ SSN: _____

E-Mail Address: _____

Second Card Name (21 Characters): _____

Second Card Design: _____

DEFINITIONS

"Member", "I", "me", "mine", and "my", "you", and "your" in this Agreement means each and every person signing, using or having a Visions Debit Card with Visions Federal Credit Union.

"Credit Union," "Visions" and "us" mean Visions Federal Credit Union, One Credit Union Plaza, 24 McKinley Avenue, Endicott, New York. ATM Network means the network of computer terminals and/or Automated Teller Machines owned and operated by National and Regional ATM Switch Networks, in certain retail locations. "Automated Teller Machine" means The ATM, P.A.M. and any other similar machines subsequently made available by the Credit Union to me to perform transactions on my accounts with the Credit Union.

"HPOST" or "Healthcare Point of Sale Terminals" means the credit or debit card equipment used by a healthcare provider for processing payments electronically.

"Access Card" means Visions Debit Card, or HSA Card. "Personal Identification Number" or "PIN" means the code number given to me which I must use together with the Access card to operate Automated Teller Machines or perform ATM Network transactions or pay medical expenses from my HSA at the service provider's location. I hereby apply for permission to use Automated Teller Machines, ATM Networks and HPOST to perform transactions on my Credit Union accounts referred to in this agreement, or any joint accounts I may be signed to now or in the future by using the Access Card or Access Cards for joint owners selected by me in this agreement.

ACCESS CARD SELECTION (CHECK ONLY ONE)

- ☐ A. Visions Debit Card. I hereby apply for a Visions Debit Card to be used by me to gain access to the Automated Teller Machines or ATM Network. By applying for a Visions Debit Card, you authorize us to investigate your credit standing when opening, renewing, or reviewing your account. In this connection, the senior loan review or loan officer may request and use a report from outside credit reporting agencies at any time. If you request it we will tell you whether or not we asked for such a report and, if we have, the name and address of the agency or agencies.

☐ Debit Card No ATM Access
Number of Cards to order _____

- ☐ B. HSA Card. I hereby apply for a Visions HSA Card to be used by me to perform Healthcare Point of Sale Terminal transactions and to gain access to the Automated Teller Machines and the ATM Network.

Number of Cards to order _____

The credit Union will also give me a Personal Identification Number (PIN) which I must use together with the Access Card to operate the Automated Teller Machines and ATM Network or to perform a HPOST transaction.

USING YOUR CARD

You may use your card to make purchases from merchants and others who accept your card. The Credit Union is not responsible for the refusal of any merchant or financial institution to honor your card. If you wish to pay for goods or services over the Internet, you may be required to provide card number security information before you will be permitted to complete the transaction. In addition, the Credit Union may permit you to obtain access from other financial institutions that accept your card, and from some automated teller machines (ATMs). (Not all ATMs may accept your card.) If the Credit Union authorizes ATM transactions with your card, it will issue you a personal identification number (PIN). To obtain cash withdrawals from an ATM, you must use the PIN that is issued to you for use with your card. You agree that you will not use your card for any transaction

that is illegal under applicable federal, state or local law. Even if you use your card for an illegal transaction, you will be responsible for all amounts and charges incurred in connection with the transaction. This paragraph shall not be interpreted as permitting or authorizing any transaction that is illegal.

ILLEGAL TRANSACTIONS PROHIBITED

You agree that you will not use your Visions Access Card for any transaction that is illegal under applicable federal, state, or local laws. It is your responsibility to comply with all laws when using your Visions access Card. You agree to hold us harmless for any damages or other liabilities arising from transactions initiated by you for the purpose of conducting illegal activity. We reserve the right to decline authorizations and/or disputes due to participation in transactions for activities we believe may violate law or pose significant risk to us or our members including activities such as gambling including online gambling.

1. ACCESS CARD USE AND CONDITIONS

The Access Card is provided to me for completing certain transactions as described in the Account Terms and Agreements from my Regular Share account or Share Draft account or transactions as described in my Health Savings Account agreement with the Credit Union. The Visions Debit Card, or any similar card provided by the Credit Union may also be used to pay merchants at the point of sale. The HSA Card may be used to pay healthcare providers at the point of sale. The funds to pay said merchants or healthcare providers will come directly from my share draft account, HSA or any other share account as designated by the Credit Union. These transactions may be performed only while the accounts have sufficient available balances. I understand that a deposit becomes "available" only after the Credit Union has verified and collected the funds. If I have Visa® card, Read Reserve, or Home Equity Line of Credit or Secured Line of Credit, the Visions Debit Card or HSA Card and PIN may be used to obtain loan advances, which I agree to repay to the Credit Union. All of the terms and conditions of the written agreement which I have previously made with the Credit Union regarding the use of my Regular Share account, Share Draft account, HSA, Visa® card, Read Reserve or Home Equity Line of Credit, or Secured Line of Credit will apply to all of the transactions in which the Access Card and an Automatic Teller Machine or ATM Network or HPOST are used, unless any term of those agreements conflicts with the terms of this agreement in which case the terms of this agreement will control. If neither a Read Reserve nor a share money manager account alternative is available and an ATM or ATM Network transaction is presented to the Credit Union for which you have insufficient funds in your account, the Credit Union may, at its discretion, pay the item (creating an overdraft or return the item for insufficient funds). Associated fees are further described in the Account Terms and Agreements you have with us, fee amounts are included in the Service Charge Schedule. You are responsible for the payment of all costs associated with collecting any paid overdraft, including court costs and reasonable attorney fees.

2. LIMITATIONS ON USE

For the protection of both the membership and the Credit Union, certain limits on the use of my Visions Debit Card or HSA Card are imposed for both the Automated Teller Machines and ATM Network. The limitations are disclosed in the Account Terms and Agreements.

All deposits, payments, or other transfer transactions made through any Automated Teller Machine or ATM Network will not be binding upon the Credit Union until verification by the Credit Union. Whenever possible, verification will be made on the first business day following the transaction.

3. LOCATIONS

The Credit Union may determine and/or change the location of the Automated Teller Machines and/or ATM Network facilities at any time without prior notice to me.

4. ACCESS CARD AND PERSONAL IDENTIFICATION NUMBER RESTRICTIONS

The Access Card and Personal Identification Number will always remain the property of the Credit Union. The Credit Union may terminate my right to use the Access Card and/or the Personal Identification Number at the Automated Teller Machines or ATM Network at any time. I will return my Access Card and/or Personal Identification Number to the Credit Union whenever it asks for it. I will not transfer my Access Card to another person, nor will I allow any other person to use my Access Card and Personal Identification Number. I will take all reasonable precautions to keep my Personal Identification Number separate from my Access Card and to prevent the unauthorized disclosure of my Personal Identification Number. If I disclose my Personal Identification Number to any person and/or permit any person to use my Access Card, I shall be liable for the use of my Personal Identification Number and/or Access Card by that person until I have notified the Credit Union that transactions by that person are no longer authorized. Upon notification, the Credit Union will, as soon as possible, block further Automated Teller Machine or ATM Network transactions on my account(s).

5. FOREIGN TRANSACTIONS – VISA

Purchases and cash advances made in foreign currencies will be debited from Your Account in U.S. dollars. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by VISA® from a range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate VISA® itself receives or the government-mandated rate in effect for the applicable central processing date. The exchange rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date. A fee of up to 1% (finance charge), calculated in U.S. dollars, will be imposed on all foreign transactions, including purchases, cash withdrawals, cash advances, and credits to your account. A foreign transaction is any transaction that you complete or a merchant completes on your card outside the United States, with the exception of U.S. military bases, U.S. territories, U.S. embassies, or U.S. consulates. Transactions completed by merchants outside of the United States are considered foreign transactions, regardless of whether you are located inside or outside the United States at the time of the transaction. The Foreign Transaction Fee is set forth on the Account Opening Disclosure accompanying this Agreement.

6. NOTICE REGARDING NON-VISIONS PINLESS DEBIT TRANSACTIONS

You may use your Visions Access Card to initiate both Visa debit transactions and non-Visa debit transactions without using a personal identification number (PIN) to authenticate the transactions. To initiate Visa debit transactions, you may sign a receipt, provide a card number, utilize a tokenized or contactless process, swipe/dip your card through a point-of-sale (POS) terminal and choose to route the transaction over a VISA® network. To initiate a non-VISA® debit transaction, you may enter a PIN at a point-of-sale terminal or, for certain bill payment transactions, provide the account number for an e-commerce or mail/telephone order transaction after clearly indicating a preference to route it as a non-VISA® transaction. We have enabled non-VISA® debit transaction processing on the NYCE network.

7. RENEWAL CARDS

The Access Card may be replaced by any renewal or substitute cards issued by the Credit Union.

8. DISCLOSURES OF ADDITIONAL TERMS, RIGHTS AND LIABILITIES

Additional terms, rights, and liabilities which affect me, and the Credit Union are printed in the separate Account Terms and Agreements, the provisions of which are a part of this agreement and are binding upon me and the Credit Union. In addition, if you use a Visions Debit Card or HSA Card in conjunction with a Read Reserve feature to your checking account, any such credit transaction is subject to the loan disclosure statement given to you at the time you established your Read Reserve credit, with the exception that the Credit Union is not subject to claims of defenses arising out of goods or services you purchase with the Visions Access Card.

9. INFORMATION UPDATING SERVICE AND AUTHORIZATIONS:

If You have authorized a merchant to bill charges to Your Card on a recurring basis, it is Your responsibility to notify the merchant in the event Your Card is replaced, Your Account information (such as Card number or expiration date) changes, or Your Account is closed. However, if Your Card is replaced or Your Account information changes, You authorize Us, without obligation on Our part, to provide the updated Account information to the merchant in order to permit the merchant to bill recurring charges to Your Card. You authorize Us to apply such recurring charges to Your Card until You notify Us that You have revoked authorization for the charges to Your Card.

Your Card is automatically enrolled in an information updating service. Through this service, Your updated Account information (such as Card number or expiration date) may be shared with participating merchants to facilitate continued recurring charges. Updates are not guaranteed before Your next payment to a merchant is due. You are responsible for making direct payment until recurring charges resume. To revoke Your authorization allowing Us to provide updated Account information to a merchant, please contact Us.

10. LIABILITY FOR UNAUTHORIZED USE/LOST CARD NOTIFICATION:

You agree to notify us immediately of the loss, theft, or unauthorized use of your Access Card. Lost/Stolen Card at 1-833-224-5785 and Fraud/Disputes at 1-833-224-5785. You may be liable for the unauthorized use of your Access Card. You will not be liable for unauthorized use that occurs after you notify us, orally or in writing, of the loss/theft or possible unauthorized use. If the unauthorized withdrawal is from your account, your liability is governed by the Regulation E disclosure you have received at the time you received your Access Card, even if the withdrawal results in an advance being made from your overdraft sub-account under the LoanLiner plan. If your Visions Debit Card or HSA Card is used to obtain unauthorized purchases your liability will not exceed \$50.00 and may be zero. If you believe your Access Card has been lost or stolen, immediately inform the Credit Union by calling us at the telephone number given above or write us at 24 McKinley Ave., Endicott New York 13760 Attn: Card Solutions.

11. AMENDMENTS TO THE AGREEMENT

The Credit Union may change any term of this agreement by mailing or delivering to me a written notice of the change at least 21 days before the effective date of any change. In the event the Credit Union determines that an immediate change is necessary to maintain or restore the security of either the Automated Teller Machine system, ATM Network system or any account, then it may make the necessary change without advising me in advance.

12. WAIVER OF RIGHTS

The Credit Union can delay enforcing any of its rights against me under this agreement without losing them.

I accept all of the terms and conditions contained in this agreement and acknowledge that I have received a complete copy of this agreement. In an effort to protect its members, Visions Federal Credit Union, its agents and assignees reserves the right to block Visions Access Card transactions that it deems potentially fraudulent. To the extent permitted by law, cardholder agrees that it shall have no claim or cause of action against Visions Federal Credit Union, its agents and assignees for any loss to cardholder due to the blocking of a Visions Access Card transaction. Nothing herein shall be interpreted to establish an obligation by Visions Federal Credit Union to block any Visions Access Card transaction.

13. RECEIPT OF DISCLOSURE STATEMENT

I acknowledge receipt of a copy of the Account Terms and Agreements. In addition, if I have a Read Reserve feature to my checking account which may be activated in conjunction with my use of a Visions Access Card. I acknowledge receipt of a LoanLiner disclosure statement at the time of my application for Read Reserve credit.

PLEDGE OF SHARE ACCOUNT(S) - NOTE:

You pledge to us and grant a security interest in all line of credit accounts, individual and/or joint account you have with us now and in the future to secure all advances made pursuant to your Access Card. You authorize us to apply the balance in these account(s) to pay any amounts due under this agreement if you should default. This pledge may not apply when a Debit Card or HSA Card is used in such a fashion as to activate the Read Reserve feature to my checking account.

Date: _____

Member's Signature: _____

Joint Owner's Signature: _____
(To receive a card, joint owner must be a member.)

Request Accepted By/Office Location: _____