

as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction listed on the statement or receipt. We must hear from you **no later than 60 days after we sent you the FIRST statement** on which the problem or error appeared. You must do the following:

- a. Tell us your name, transaction account number and CO-OP NETWORK CARD/Visa Check Card number:
- b. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information; and:
- C.. Tell us the dollar amount of the suspected error

If you tell us orally, we will require that you send us your complaint or question in writing within 10 business days. After we receive your inquiry, we will tell you the results of our investigation within 10 business days for CO-OP NETWORK ATM transactions or 20 business days for Purchase transactions or any transactions that were made outside of the United States, the Commonwealth of Puerto Rico or any political subdivisions thereof ("International transaction") after we hear from you and will correct any error promptly. If we need more time however, we may take up to 45 days for CO-OP NETWORK ATM transactions or 90 days for Purchase or International transactions to investigate your complaint or question. If we decide to do this, we will re-credit your account within 10 business days if it is a CO-OP NETWORK ATM transaction or 20 business days if it is a Purchase or International transaction 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 do not receive your complaint or question in writing within 10 business days, we may not re-credit your account.

If we decide that there is 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. If we credit your account with funds while investigating an error, you must repay those funds to us if we conclude no error has occurred

14. Disclosure of Account Information. We will disclose information about your account or the transactions you make to third parties:

- a. where it is necessary to complete transactions
- b. to verify the existence and standing of your account with us upon the request of a third party, such as a credit bureau;
- c. in accordance with your written permission;
- d. in order to comply with court orders or government or administrative agency summonses, subpoenas, orders, examinations and escheat reports; and/or
- e. on receipt of certification from a federal agency or department that a request for information is in compliance with the Right to Financial Privacy Act of 1978.

15. Our Liability for Failure to Complete an Electronic Fund Transfer Transaction. If we fail to complete a transaction on time or in the correct amount, when properly instructed by you, we will be liable for damages caused by our failure unless:

- a. there are insufficient funds in your account to complete the transactions through no fault of ours;
- b. the funds in your account are unavailable;
- c. the funds in your account are subject to legal process;
- d. the transaction you request would exceed the funds in your account plus any available overdraft credit;

- e. the ATM has insufficient cash to complete the transaction;
- f. your card has been reported lost or stolen and you are using the reported card;
- g. we have a reason to believe that the transaction requested is unauthorized;
- h. the failure is due to an equipment breakdown which you knew about when you started the transaction at the ATM or Merchant terminal.
- l. the failure was caused by an act of God, fire or other catastrophe, or by another cause beyond our control;
- j. you attempt to complete a transaction at a ATM or Merchant terminal which is not a permissible transaction listed above;
- k. the transaction would exceed security limitations on the use of your CO-OP NETWORK or Visa Check Card;
- l. An error was caused by a system of any participating ATM network;
- m. The transaction is not completed as a result of your willful or negligent use of your Card, PIN or any EFT facility for making such transfers;
- n. Any other exceptions as established by the Credit Union.

In any case, we shall only be liable for actual proven damages if the failure to make the transaction resulted from a bona fide error despite our procedures to avoid such errors.

1. Notices All notices from us will be effective when we have mailed them or delivered them to your last known address in the Credit Union's records. Notices from you will be effective when received by the Credit Union at the address specified in this Agreement. We reserve the right to change the terms and conditions upon which this service is offered. We will mail notice to you at least twenty-one days before the effective date of any change. Use of this service is subject to existing regulations governing the Credit Union account and any future changes to those regulations

**FEDERAL REGULATIONS PERTAINING TO ALL EFT TRANSACTIONS**

The following Federal Regulations govern all Electronic Funds Transactions disclosed in this brochure and which may be added in the future. For complete regulations inquire at the credit union.

- Reg.CC: Funds on Availability
- Reg. D: eserve Requirements of Depository Institutions
- Reg. E: Electronic Funds Transfer Act

**The following information is a list of safety precautions regarding the use of Automated Teller Machines (ATMs) and Night Deposit Facilities.**

Be aware of your surroundings, particularly at night. Consider having someone accompany you when the ATM or night deposit facility is used after dark.

If another person is uncomfortably close to you at the time of your transaction, ask the person to step back before you complete your transaction.

Refrain from displaying your cash at the ATM or night deposit facility. As soon as your transaction is completed, place your money in your purse or wallet. Count the cash later in the safety of your car or home.

If you notice anything suspicious at the ATM or night deposit facility, consider using another ATM or night deposit facility or coming back later. If you are in the middle of a transaction and you notice something suspicious, cancel the transaction, take your Card or deposit envelope. And leave.

If you are followed after making a transaction, go the nearest public area where people are located.

Do not write your personal identification number or code on your ATM card.

Report all crimes to law enforcement officials immediately.

5/07

**CO-OP NETWORK ATM CARD APPLICATION VISA CHECK CARD APPLICATION**

*By signing the attached application you certify that the information is complete, true and submitted for the purpose of obtaining the electronic service and account requested. You understand that if you are applying for a VISA Check Card you must have a share draft (checking) account. If you close your share draft account while holding a VISA Check Card the Credit Union will close the VISA Check Card and may issue you a CO-OP NETWORK ATM Card in it's place. You agree:(a) that the Credit Union may use credit reporting agencies or otherwise verify the information on the attached application for the purpose of extending credit or services to you or reviewing or collecting on a loan account of yours: (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. If approved for the requested Visa Debit Card services, you acknowledge receipt of and agree to the terms of the Debit Card Agreement and any subsequent changes in terms and conditions that may occur.*

**LONG ISLAND STATE EMPLOYEES FEDERAL CREDIT UNION**



**CO-OP NETWORK ATM VISA CHECK CARD APPLICATION**

STATE OFFICE BUILDING  
250 VETERANS MEMORIAL HIGHWAY  
HAUPPAUGE, NEW YORK 11788

(631) 291-9160  
1-877- LISEFCU  
TOLL FREE  
(outside 631 + 516 area)

Audio Response  
(631) 952-6286

FAX (631) 360-3620

WEB SITE: WWW.LISEFCU.ORG

**CO-OP NETWORK / VISA CHECK CARD APPLICATION**

**PLEASE PRINT**

Member Name \_\_\_\_\_

FIRST MIDDLE INITIAL LAST

Account # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers Lic.# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Member Signature \_\_\_\_\_

**JOINT OWNER INFORMATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security# \_\_\_\_\_

Drivers Lic.# \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Member Signature \_\_\_\_\_

**CO-OP NETWORK ATM CARD DISCLOSURE**

**Visa Check Card DISCLOSURE**

This Disclosure Statement is to inform you of certain rights and responsibilities which you and LISEFCU have under the Electronic Fund Transfer Act. In this Agreement, the words "you" and "yours" mean those who sign the application or account card as applicants, joint owners, or any authorized users. The words "we", "us", and "our" mean the Credit Union. The word "account" means any one or more share and share draft accounts you have with the Credit Union. Electronic funds transfers are electronically initiated transfers of money from your account through the electronic funds transfer services described below. By signing an application or account card for EFT services, signing your Card, or using any service, each of you, jointly and severally, agree to the terms and conditions in this Agreement and any amendments for the EFT services offered.

1. CO-OP NETWORK ATM SERVICES. You may use your CO-OP NETWORK ATM CARD with your Personal Identification Number (PIN) at ATM machines throughout the United States, or your Visa Check Card at any ATM center around the world that accepts Visa, to conduct any of the following transactions for each of the accounts you have requested to be accessed by your ATM CARD/Visa Check Card:

- a. Withdraw cash from: (1) your Share Draft; and (2) your Regular Shares.
- b. Transfer funds: between your Share Draft; your Regular Shares\*; and
- c. Inquire available balances from: (1) your Share Draft; and (2) your Regular Share.
- d. Make POS (point of Sale) transactions with your Card and PIN to purchase goods or services at merchants that accept Visa.

\*subject to Reg.D limitations

2. CO-OP NETWORK NETWORK SERVICES. You may use your CO-OP NETWORK CARD with your PIN at any CO-OP NETWORK/ MetroNet / Plus ATM locations to conduct any transactions that you can conduct at any other ATM service without incurring a surcharge. These transactions are only applicable to the accounts which you list on your application form and have designated as the primary account of each account type, or such other primary accounts which are added later at your written request.

3. Other ATM Network Access. From time to time we may make arrangements with other ATM networks to grant access to CO-OP NETWORK cards. We shall inform you when such arrangements are made and describe the services which are made available to you and the charges therefor at that time.

4. Purchase Transactions.

a. You may use the CO-OP NETWORK card with your PIN at any retail establishment ("Merchant") where CO-OP NETWORK Network cards are accepted to purchase goods and services and/or to obtain cash where permitted by the Merchant ("Purchase").

b. The Visa Check Card can be used for Point of Sale purchases wherever CO-OP NETWORK or Visa is accepted.

- The amount of all such Purchases (including any cash obtained, if permitted) will be deducted from your primary transaction account. When you make a Purchase using the CO-OP NETWORK or Visa Check Card you will be requesting us to withdraw funds from your selected primary Transaction account in the amount of the Purchase and directing or ordering us to pay these funds to such Merchant, and amount of transfers available at ATMs.

5. Dollar Limitations on Visa Check Card

The following limitations on the frequency and amount of Visa Check Card transactions may apply:

- 20 Visa purchases per day.
- Purchase maximum of \$2,000.00 per transaction or per day.
- 10 cash withdrawals in any one day from ATM's.
- Maximum cash withdrawal of \$500.00 per day.
- Maximum combined ATM withdrawals and POS transactions is \$2,000.00 per day if there are sufficient funds in your account.

For security purposes, there are other limits on the frequency

6. Dollar Limitations On CO-OP NETWORK ATM Card. You may use the CO-OP NETWORK ATM Card to withdraw up to \$300 each calendar day (including Purchase transactions at the CO-OP NETWORK and other ATM's which we inform you are available for you to use, and at Merchants) from your accounts provided the funds are available in your account. The day for withdrawal limits starts at 3:00 p.m. each day and ends at 3:00 p.m. the next day. There are also certain limitations on the frequency of use of the CO-OP NETWORK or Visa check Card each day. These limitations are imposed and not revealed for security purposes.

You will be denied the use of the CO-OP NETWORK CARD /Visa Check Card if you (i) exceed the daily withdrawal or purchase limit, (ii) do not have adequate funds available in your account, (iii) do not enter the correct PIN, or (iv) exceed the frequency of usage limitation. The re-entrer from the ATM or Merchant terminal will notify you of the denial. Exceeding the limit may result in machine retention of your CO-OP NETWORK CARD / Visa Check Card at an ATM. The number of attempts that result in machine retention of your card is not revealed for security reasons.

7. Conditions of CO-OP NETWORK ATM Card or Visa Check Card

Ownership of Cards Any Card or other device which we supply to you is our property and must be returned to us, or to any person whom we authorize to act as our agent, or to any person who is authorized to honor the Card, immediately according to instructions. The Card may be repossessed at any time at our sole discretion without demand or notice. You cannot transfer the Card or account to another person.

Honoring the Card Neither we nor merchants authorized to honor the Card will be responsible for the failure or refusal to honor the Card or any other device we supply to you. If a merchant agrees to give you a refund or adjustment, you agree to accept a credit to your account in lieu of a cash refund.

Security of PINs (Personal Identification Numbers) The PINs chosen or issued to you are for security purposes. Any PIN issued to or chosen by you are confidential and should not be disclosed to third parties or recorded on or with the Card. You are responsible for safekeeping your PIN. You agree not to disclose or otherwise make your PIN available to anyone not authorized to sign on your accounts. If you authorize anyone to use your PIN, that authority shall continue until you specifically revoke such authority by notifying the Credit Union in writing. You understand that any joint owner you authorize to use a PIN may withdraw or transfer funds from any of your accounts. If you fail to maintain the security of these PINs and the Credit Union suffers a loss, we may terminate your Card services immediately.

A new card will be issued to you at that time and a "hold" will be placed on your old card. After such time, if you find your old card, you must notify us and return your old card to us. If you attempt to use your old card it will be captured and retained by the CO-OP NETWORK Service.

8. How to Contact the CO-OP NETWORK SERVICE. If you believe your CO-OP NETWORK Card, Visa Check Card, or your PIN has been lost or stolen or that an unauthorized transfer or Purchase from any of your accounts has occurred or may occur, please contact the CO-OP NETWORK SERVICE or L.I. State Employees Federal Credit Union immediately by calling or writing at:

LONG ISLAND STATE EMPLOYEES FEDERAL CREDIT UNION

STATE OFFICE BUILDING VETERANS MEMORIAL HIGHWAY

HAUPPAUGE, NEW YORK

1-800-543-5073

9. Charges for Transactions. Charges for transactions are disclosed on the fee schedule that is provided to you at the time you apply for the CO-OP NETWORK or Visa Check Card. (A transaction refers to a withdrawal, transfer or inquiry.) We reserve the right to change our fee schedule from time to time and to charge your account in accordance with the fee schedule that will be provided to you at least twenty one (21) days prior to assessment or change in assessment.

The "month" refers to when the transaction was posted to your account, not necessarily when the actual transaction took place.

10. Record of Transaction. You will receive a printed receipt for each CO-OP NETWORK/Visa Check Card ATM or Purchase transaction which you make at the time of the transaction. You will receive a monthly statement showing the status of your account(s), transactions made during the past month, and any charges which we may impose for such services or transactions.

11. Liability for Unauthorized Transfer. CONTACT THE CO-OP NETWORK SERVICE IMMEDIATELY if you believe your CARD or PIN has been lost or stolen. Telephoning 1-800-453-4270 is the best way of keeping your losses to a minimum.

You could lose all your money in the account(s) if you take no action to notify us of the loss of your CO-OP NETWORK CARD or PIN. If you notify us of the loss, your liability will be as follows:

- a. If you contact us within two business days of the loss, or your discovery of the loss, you can lose no more than \$50 if someone used your CO-OP NETWORK CARD and PIN without your permission.
- b. If someone used your CO-OP NETWORK CARD and PIN without your permission, you could lose as much as \$500 if you do NOT contact us within two business days after you learn of the loss and we can prove that we could have prevented the loss if you had contacted us.
- c. For Visa Check Card purchase transactions, if you notify us that your Card has been lost or stolen within twenty-four (24) hours of your discovery and meet certain conditions, you may not be liable for

any losses. This zero liability will apply only if: you can demonstrate that you have exercised reasonable care in safekeeping your Card from risk of loss or theft, you have not reported two or more incidents of unauthorized use to us within the preceding 12 months, and your account is in good standing. If you notify us after twenty-four hours of your discovery or do not satisfy the conditions set forth above, your maximum liability for losses to your account may be up to \$50.00. These liability limits will apply, provided you did not receive a benefit, or the use of your Card or PIN was by someone without actual, implied or apparent authority from you.

d. Also, if your monthly statement shows transfers or purchases that you did not make and you do not contact us within 60 days after the statement was mailed to you, you may not get back any money lost after the 60 days, if we can prove that your contacting us would have prevented those losses.

12. Business Days. Our business days are Monday through Friday, 8:00 am to 4:00 PM. Holidays are not included.

Errors or Questions About Your transactions.

Telephone us at: 631-291-9160 or write us at:

LONG ISLAND STATE EMPLOYEES FEDERAL CREDIT UNION

STATE OFFICE BUILDING VETERANS MEMORIAL HIGHWAY

HAUPPAUGE, NEW YORK 11788

FOR CREDIT UNION USE ONLY:	
_____	_____
CARD NUMBER	W/D LIMIT
_____	_____
OPERATOR INITIAL	DATE