

ATM/DEBIT CARD - CARDHOLDER AGREEMENT

The undersigned ("I" or "We"), in consideration of **G.A.P. FEDERAL CREDIT UNION** ("you" or "your") issuing to me an **ATM/DEBIT CARD**, hereby agrees to be legally bound by the following terms and conditions.

1. **Accounts and Uses of ATM/DEBIT CARD.** I have the account(s) (including such share draft and/or savings account(s)) with you set forth on my application form. I hereby request that you issue to me one or more **ATM/DEBIT CARDS** to be used in connection with such accounts as described in this Agreement.

I understand I may use the **ATM/DEBIT CARD** at a **STAR SYSTEMS** to (1) withdraw cash from my account(s), (2) effect transfers to or from my account(s), (3) make or arrange for deposits to my account(s), or (4) receive information regarding the balance in my account(s).

I further understand that I may use the **ATM/DEBIT CARD** at any retail establishment (Merchant) where **ATM/DEBIT CARDS** are accepted to purchase goods and services and/or to obtain cash where permitted by the Merchant ("Purchase"). If I use the **ATM/DEBIT CARD** to make a Purchase, I shall be requesting you to withdraw funds in the amount of such Purchase (including any cash received from the Merchant) from my primary share draft or savings account designated on the application form and directing or ordering you to pay such funds to the Merchant.

I request that you provide to me such other services or access to other ATM systems or networks using the **ATM/DEBIT CARD** which you make available and which you advise me are offered in connection with my account(s) set forth on my application form. I also understand that from time to time I may request in writing that you provide access to additional accounts of mine through the **ATM/DEBIT CARD** you have issued to me. I agree that the uses of the **ATM/DEBIT CARD** described in this Agreement shall be subject to the rules and regulations of each account which in accessed by such Card.

2. **Use of Personal Identification Number ("PIN") with ATM/DEBIT CARD.** I understand that a **STAR SYSTEMS** or **STAR CHECK ATM** is an automated teller. It can and will perform many of the same tasks as a human teller. I acknowledge that the Personal Identification Number or PIN which I use with the **ATM/DEBIT CARD** is my signature, identifies the bearer of the Card to the **STAR SYSTEMS, STAR CHECK ATM** or other network **ATM** and authenticates and validates my directions given just as my actual signature and other proof identify me and authenticate and validate my directions to a human teller. I also understand that a Merchant which accepts the **ATM/DEBIT CARD** for a Purchase transaction may have an electronic terminal (Merchant operated or self service) which requires the use of my PIN and when my PIN is used at a Merchant's terminal, it will authenticate and validate the 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 **ATM/DEBIT 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 **ATM/DEBIT 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 transactions 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

STAR 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 the STAR SYSTEMS.** I agree to contact the **STAR SYSTEMS** immediately, if I believe the **ATM/DEBIT CARD** issued to me or my PIN has been lost or stolen or that an unauthorized transfer or purchase from any of my accounts has occurred or might occur, by phoning **1-800-523-4175**, and by confirming such information in writing to you at:

**G.A.P. FEDERAL CREDIT UNION
111 FRANKLIN STREET, ROOM 224
JOHNSTOWN, PA 15901-1876
(814)535-4165 - (800)228-9180**

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 **STAR SYSTEMS CENTER** that you have the right to verify the deposit before you make the money available to me. If I deliver cash, checks or other items to a **STAR SYSTEMS CENTER**, 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 **STAR SYSTEMS CENTER** that is owned by you or another financial institution. I also understand and acknowledge that not all **STAR SYSTEMS** may limit the amount of funds which may be deposited and you may not control these limits.

7. **Liability.** If the **ATM/DEBIT CARD** is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and 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, I agree 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.

8. **Amendment of the Agreement.** I agree that from time to time you may amend or change the terms of the Agreement including amendments or changes to add further **ATM/DEBIT 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 **ATM/DEBIT 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 **ATM/DEBIT CARD** is your property and I will surrender it to you upon your request. I agree that the **ATM/DEBIT 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.

any money lost after that time. **I AGREE THAT IF I GIVE MY**