

AUTOMATIC TELLER MACHINE CARDS DISCLOSURE STATEMENT OF TERMS AND CONDITIONS

This disclosure is provided for the members of Baptist Health South Florida Federal Credit Union and is set according to the Federal Electronic Funds Transfer Act. As used in this disclosure, the words containing "us" or "Credit Union" refer to Baptist Health South Florida Federal Credit Union, the words "you" and "your" refer to the member and joint account holder, if applicable. The word "ATM card" refers to the Credit Union Access Card. This Disclosure applies to Automated Teller Machine (ATM) services provided by Baptist Health South Florida Federal Credit Union. Please read this disclosure in its entirety and keep it for your records.

- YOUR LIABILITY FOR UNAUTHORIZED TRANSFERS.** Notify us at once if you believe your ATM card and/or Personal Identification Number (PIN) have been lost, stolen or used without your permission. Contacting us by phone is the best way to keep your possible losses to a minimum. You could lose all of the funds in your account(s). If you notify us within two business days, you can lose no more than \$50.00 if someone used your ATM card and/or Personal Identification Number (PIN) without your permission.

If you do not notify us within two business days after you learn of the loss or theft of your ATM card and/or Personal Identification Number (PIN), you could lose as much as \$500.00.

Also, if your statement shows transaction(s) that you did not make or authorize, notify us immediately. If you do not tell us within 60 days after the statement was mailed to you and if we are able to prove that we could have stopped someone from taking money if you would have told us in time, you may not receive any lost funds. If a valid reason kept you from notifying us, we will extend the time period.

- LOST, STOLEN AND COMPROMISED CARDS.** If you believe your ATM card and/or Personal Identification Number (PIN) have been lost or stolen, or that someone has transferred or may transfer money from your account(s) without your permission, contact the credit union immediately.
- OUR ELECTRONIC FUND TRANSFER SERVICES.** You may use your ATM card to make withdrawals from your share account(s), make withdrawals from your share draft account, or to make transfers between your account(s). Some services are not available at certain terminals.
- LIMITATIONS ON ELECTRONIC FUND TRANSFERS.** You may withdraw up to \$500.00 within a 24-hour period.
- YOUR RIGHT TO RECEIVE DOCUMENTATION.** You will receive documentation from the ATM at the time you make a transaction to or from your account(s). You will also receive a detailed statement for your account on a monthly basis.
- DISCLOSURE OF INFORMATION TO A THIRD PARTY CONCERNING YOUR ACCOUNT(S).** We will only disclose information to third parties about your account(s) or the transfers you make if the following apply:
 - When it is necessary to resolve errors in your account.
 - In order to verify the existence and conditions of your account to a third party, such as a credit bureau or merchant.
 - In order to comply with laws and regulations and with subpoenas or orders of courts or government agencies.
 - If you give us written permission.
- IN THE CASE OF ERRORS IN YOUR STATEMENT OR QUESTIONS CONCERNING YOUR ACCOUNT.** Contact the credit union immediately if you believe there is an error in your statement or receipt, or if you need more information regarding a statement or receipt, notify us within 60 days from the time we sent your first statement in which the problem or error appeared. When you call or write to us regarding the error, you should:
 - Tell us your name, account number, address and telephone number.
 - Describe the error or transfer you are unsure about and explain, as clearly as possible, why you believe it is an error or why you need more information.

If you verbally notify us, we may request that you send us your complaint in writing before we begin our investigation. We may take up to 45 days to investigate and correct any complaints or questions.

- FEES AND CHARGES.** Charges for your ATM card privileges are listed below. If you are at a terminal that is not operated by Baptist Health South Florida Federal Credit Union or the Publix Presto Network:
 - You will be charged \$1.00 for each withdrawal
 - You will be charged \$0.50 for each transfer or inquiry
 - You may also be charged an additional fee by the ATM Owner/Operator

Additionally, you will be charged \$5.00 for a replacement ATM card or PIN number and a \$25.00 service charge will be extracted from your account for transactions not covered by sufficient funds.

- OTHER TERMS AND CONDITIONS.** Your account(s) may also be governed by other terms and conditions previously set by the Credit Union. If there is any conflict between this disclosure and previously set terms and conditions, the above mentioned disclosure will prevail.



ATM CARD AGREEMENT

In this agreement, the words containing "us" or "Credit Union" refer to Baptist Health South Florida Federal Credit Union, the words "you" and "your" refer to the member and joint account holder, if applicable. The word "ATM card" refers to the Credit Union Access Card. The use of your ATM card will be subject to the following conditions:

- ATM CARD.** The ATM card is the property of the Credit Union and may be revoked at any time. It must be returned to the Credit Union upon request. You agree that the ATM card issued to you may be confiscated automatically by the Credit Union at any time by an automated terminal. You agree that you will be the only one who uses the ATM card issued to you and that you will not divulge, give, or make available to any person, even Credit Union employees, your PIN number either directly or indirectly at any time.
- PERSONAL IDENTIFICATION NUMBER.** In the event that you do not select your own PIN number, the Credit Union will issue you a PIN number with your ATM card under a separate mailing. You agree not to write your PIN number on your ATM card and not to carry your PIN number with you at the same time you carry your ATM card. You agree to make the best effort to commit your PIN number to memory.
- AUTHORIZATION.** We will treat each transaction made at any automated terminal with your ATM card and PIN number as having been authorized by you. If the account to which the ATM card relates is a joint account, all transactions will be bound to both parties.
- WITHDRAWALS.** You will be assigned a daily withdrawal limit of \$500.00. You will agree that you will not use your ATM card to withdraw amounts of money in excess of the balance(s) in your account(s). You hereby authorize the Credit Union to debit your account(s) to cover your authorized withdrawals or any negative balances.
- RECEIPT.** Cash deposits and withdrawals made with your ATM card shall be evidenced by a document created electronically at the time of the transaction. You also agree that any cash withdrawal(s) shall constitute a valid charge against your account.
- CANCELLATION.** You shall have the right to cancel your ATM card and PIN number at any time upon giving us a written notice of such intention and by returning you ATM card to us.
- CREDIT INFORMATION.** You authorize the Credit Union to obtain credit information relating to you as we deem necessary in order to carry out the terms of this ATM card service agreement.
- AMENDMENT.** You acknowledge and agree that this ATM card service agreement for use of your ATM card is subject to change at any time by the Credit Union upon 21 days notice to you. This notice may be given by mail to your last known address as shown by our records.
- SERVICE FEES.** By application and/or use of the ATM card, you shall be subject to service fees in accordance with the fee schedule adopted by the Credit Union from time to time. Fees will not be refunded due to cancellations or for any other reason.
- DISCLOSURES NOTICE.** You acknowledge that you have received a copy of this Service Agreement and a copy of the Terms and Conditions pursuant to the Federal Electronic Transfer Act. Your liability for unauthorized transactions is set forth in this notice. Limitations on our liability are also set forth in this notice.
- RELATED ACCOUNTS.** This policy will be subject to the agreement, rules, and regulations governing the account(s) to which the ATM card relates.
- CONTINUED EFFECTIVENESS.** If any terms of this agreement are determined by a governmental authority to be ineffective, the rest will continue in effect. A waiver by the Credit Union of any of those terms or conditions on any occasion will not constitute a waiver of the same or any other terms and conditions on any other occasion.

The laws of the state of Florida, along with this agreement validate, construct, and enforce all matters arising upon receiving a Baptist Health South Florida Federal Credit Union ATM card. Baptist Health South Florida Federal Credit Union has the right to amend this agreement after mailing a notice 21 days in advance to your last known address.

Baptist Hospital Branch 8900 N Kendall Drive Miami, FL 33183 786-596-5918 786-596-5929 fax	South Miami Hospital Branch 6200 SW 73 rd Street Miami, FL 33143 786-662-8138 305-669-1957 fax	Homestead Hospital Branch 975 Baptist Way Homestead, FL 33030 786-243-8482 786-243-243-8761 fax	Doctors Hospital Branch 5000 University Drive Coral Gables, FL 33146 305-668-2157	Kendall -117 th Office 5000 University Drive Coral Gables, FL 33146 305-668-2157 (Pay Weeks Only)
Mon 8:00am – 6:00pm	Mon 8:00am – 6:00pm	Mon 7:30am - 5:00pm	Mon 8:30am – 12:30pm	Mon Closed
Tue 8:00am – 6:00pm	Tue 8:00am – 6:00pm	Tue 9:00am - 5:00pm	Tue Closed	Tue 11:30am – 2:00pm
Wed 8:00am – 6:00pm	Wed 8:00am – 6:00pm	Wed 9:00am - 5:00pm	Wed 8:30am – 12:30pm	Wed Closed
Thu 8:00am – 6:00pm	Thu 8:00am – 6:00pm	Thu 9:00am - 6:00pm	Thu Closed	Thu Closed
Fri 8:00am – 6:00pm	Fri 7:30am – 5:30pm	Fri 9:00am - 5:00pm	Fri Closed	Fri Closed

**Baptist Health
South Florida
Federal
Credit Union**



ATM CARD APPLICATION

MEMBER INFORMATION

Account Number: _____

Mailing Address: _____

Owner: _____

City / State / Zip: _____

Co-Owner*: _____

Home Telephone: _____

Work Telephone: _____

* IF YOU REQUEST TWO CARDS, THE ACCOUNT MUST BE A JOINT ACCOUNT IN BOTH CARD HOLDERS' NAMES.

AUTHORIZATION

I/We have read the ATM Disclosure to which this application is attached and have detached the Disclosure and retained is as my copy. By signing below, I agree to the terms and conditions of such Disclosure. Please issue a separate ATM card for each of the names listed above.

Signature: _____
(MUST BE SIGNED BY PRIMARY ACCOUNT OWNER)

Date: _____

For Credit Union Use Only

Requested Method: In Person Mail Fax

Verification Method: _____

Address changed within 30 days or less? Yes No

Notification sent to previous and present address? Yes No

Comments: _____

Baptist Branch South Miami Branch Homestead Branch Other _____

Teller Initials: _____