



FIRSTENERGY CHOICE
Federal Credit Union

161 Old Route 30, Suite 2 / Greensburg, PA 15601
Phone: 724.830.5984 or 888.462.2328 / Fax: 724.830.5129
Email: fechoice@fechoice.com / Website: www.fechoice.com

VISA DEBIT CARD POLICY

- Member must have a Credit Union Share Draft (Checking) account. Withdrawals for transactions (excluding ATM transactions) are made from your checking account (as long as adequate funds are available).
- Conduct up to 10 transactions per day.
- \$1,000 Maximum Signature-Based purchases per day (by selecting "Credit").
- \$510 Maximum ATM withdrawals and PIN-Based purchases per day (by selecting "Debit").
- There is a \$1,000 per day maximum transaction total, of which no more than \$510 may be ATM withdrawals and PIN-Based "Debit" transactions.
- Access to over 55,000 surcharge-free ATMs on the Allpoint, STARsf, MoneyPass and CU\$ networks. You may be charged a fee by other ATM operators or other networks that are outside these four networks.
- No fees for issuing original card – member will be charged \$3 for reissuing lost card.
- Limits will reset each day (7 days a week) around 3 PM (EST). Transactions made after approximately 3:00 PM will be considered the next day's business.
- Deposit, withdrawal and transfer availability to and from Share (Savings) and Share Draft (Checking) accounts through an ATM.
- Overdraft protection does **NOT** apply to VISA Debit Card.
- Receive monthly statements. Dividends will continue to be shown on the quarterly statement for Share accounts.

CU30B

FirstEnergy Choice Federal Credit Union Visa Debit Card Application

Please print this form, fill it out and fax to **724-830-5129**

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| Please select your four-digit PIN and record it here. Please use either all numbers or all letters to record your pin. Do not use Q or Z. | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> | | | | |
| | | | | | |
| Will there be a joint card owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Special Instructions / Comments: | | | | | |
| Primary Applicant: | | | | | |
| Member Number: | Checking Account No.: | | | | |
| <i>How your name should appear on card</i> | | | | | |
| Last Name: | First Name, Middle Name: | | | | |
| Birthdate: | Social Security #: | | | | |
| Address 1: | | | | | |
| Address 2: | | | | | |
| City: | State, ZIP: | | | | |
| Home Phone: | Work Phone: | | | | |
| Cell Phone: | | | | | |
| Employer: | E-Mail Address: | | | | |
| Signature: | | | | | |
| Joint Applicant: | | | | | |
| Member Number: | Checking Account No.: | | | | |
| <i>How your name should appear on card</i> | | | | | |
| Last Name: | First Name, Middle Name: | | | | |
| Birthdate: | Social Security #: | | | | |
| Address 1: | | | | | |
| Address 2: | | | | | |
| City: | State, ZIP: | | | | |
| Home Phone: | Work Phone: | | | | |
| Cell Phone: | | | | | |
| Employer: | E-Mail Address: | | | | |
| Signature: | | | | | |

By signing you certify that the information on this application is complete, true, and submitted for the purpose of obtaining a Visa Debit card. If approved for the Visa Debit card, you acknowledge receipt of and agree to the terms of the Visa Debit card agreement.