

AUTHORIZATION FOR ON LINE ACCESS

HOWARD COUNTY EDUCATION FCU

Member Name _____ Member # _____

Address _____

City / State / Zip _____

Home Phone # (____) _____ Work Phone # (____) _____

Email Address _____

(Used for enrollment notification. Please PRINT LEGIBLY to avoid delays)

____ **PLEASE SIGN ME UP FOR OnLine Access** All share accounts, share draft accounts and loans under the member number listed above will be accessible.

I agree to receive all agreements and initial disclosures electronically. After I have carefully read the agreement in its entirety, I will be asked to consent to the terms and conditions of the agreement. I understand that all previous terms and conditions existing with my share and draft accounts are incorporated into this agreement. Use of my Access Code, PIN or OnLine Banking login acknowledges receipt and acceptance of all the terms and conditions.

If approved for your OnLine Access account a separate PIN (Personal Identification Number) will be assigned to you. You must use your PIN along with your account number to access your accounts. At the present time, you may use the OnLine Access Services to:

- Transfer funds between your share accounts and share draft accounts
- Withdraw funds from your share accounts
- Make loan payments from your share accounts and share draft accounts
- Obtain balance information for your share accounts, share draft accounts and loan accounts
- Determine if a particular item has cleared
- Verify the last date and amount of your payroll deposit

I agree to take all reasonable precautions to keep my PIN and/or OnLine Banking information confidential and assume responsibility for all transactions made through the PIN and/or OnLine Access Banking.

Your accounts can be accessed under the OnLine Access via personal computer. OnLine Access will be available for your convenience twenty-four (24) hours per day. This service may be interrupted for a short time each day for data processing. We reserve the right to refuse any transaction which would draw upon insufficient funds, lower an account below a required balance, or otherwise require us to increase our required reserve on the account. All checks are payable to you as a primary member and will be mailed to your address of record.

Electronic Transactions from savings accounts are limited by Federal Reserve (Regulation D) requirements to a combination of six (6) transfers/withdrawals per calendar month, no more than three (3) of the six transfers may be made by check, draft, debit card or similar order made by the depositor and payable to third parties.. The service will discontinue if no transaction is entered after numerous unsuccessful attempts to enter a transaction, and there may be limits on the duration of each access. The amount of check withdrawal requests cannot exceed \$1,000 per check.

By Submitting below, I hereby apply to HCE Federal Credit Union to issue to me the confidential PIN indicated above for use with the OnLine Access Banking and, acknowledge that, I am responsible for the safekeeping of my PIN and all transactions by the use of the system. I understand that my PIN is not transferable; and, I will not disclose the PIN or permit any unauthorized uses thereof. However, if I disclose my PIN to anyone, I understand that I have given that person access to my account, via these systems; and, that I am responsible for any transactions conducted via same. I further agree to notify HCE Federal Credit Union immediately and send written confirmation if my PIN is disclosed to anyone who is not authorized to access or use my accounts. I understand that HCE Federal Credit Union reserves the right to discontinue access to these systems without notice and will not be liable for failure to honor transactions on these systems once access has been severed. I further understand that HCE Federal Credit Union reserves the right to implement charges for transactions on these systems. I understand that transactions are effective on my account at the time they are made; and, that the systems are available during the hours specified. I understand that the total dollar amount of transactions via these systems, are subject to limits set by the Credit Union; and, sufficient verified funds must be available to satisfy my transaction instructions.

____ I agree to terms and conditions stated above. I have read the **Disclosure of Information** pertaining to **OnLine Access Banking** and agree to the rules and regulations disclosed herein; and, have obtained a copy of same.

Signature _____ Date _____ (Member only must sign)

Please drop off this completed application to either the HCE FCU Office, Email to: info@hctafcu.org or mail to: Howard County Education FCU, 3458 Ellicott Center Drive, Suite 106, Ellicott City, MD 21043 or FAX to 410 461-4691.