



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

Membership Account Application

www.nyteamfcu.org

Account #: _____

Membership Account Application

I hereby make application for membership in the NY TEAM Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share.

NY TEAM Federal Credit Union is hereby authorized to recognize any of the signatures on this agreement in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with NY Team FCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon are and shall be owned by them jointly, with right of survivorship, and to be subjected to the withdrawal or receipt of any of them and payment to any of them or survivor or survivors shall be valid and discharge NY TEAM FCU for any liability for such payment.

Any or all of said joint owners may pledge all or any of the shares in this account as collateral security to a loan or loans from NY TEAM FCU. The right or authority of NY TEAM FCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to NY TEAM FCU which shall not affect transactions theretofore made.

Primary Owner Applicant:

First Name: _____	Middle Name: _____
Last Name: _____	Birth date: _____
Social Security Number: _____	Mother's Maiden Name: _____
Home Phone: _____	Work Phone: _____
Other Phone: _____	Email: _____
Driver License ID#: _____	Employer: _____
Driver License State: _____	

*Home Address (*Physical Street Address)*

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Mailing Address

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Joint Owner Applicant:

First Name: _____	Middle Name: _____
Last Name: _____	Birth date: _____
Social Security Number: _____	Mother's Maiden Name: _____
Home Phone: _____	Work Phone: _____
Other Phone: _____	Email: _____
Driver License ID#: _____	Employer: _____
Driver License State: _____	

*Home Address (*Physical Street Address)*

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Mailing Address

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

**Physical Address is Required*

Membership Account Application

Account #:

BACKUP WITHHOLDING CERTIFICATION - CHECK BOX (A) IF ONLY IF TRUE OR (B) BELOW:

(A) By signing below, I (name) _____ certify under penalties of perjury that (1) the taxpayer identification number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (A) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as result of a failure to report all interest or dividends or (B) the IRS has notified me that I am no longer subject to backup withholding.

(B) A separate W-9 has been completed or (W-8 in the case of a non-resident alien). The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Account Designation:

If there is no joint applicant please designate a beneficiary. You hereby designate he/she to be entitled to all shares in said account upon your death.

First Name: _____

Street Address: _____

Last Name: _____

City, State, Zip: _____

Membership Eligibility:

I am eligible to membership through: Employer Family Member

Employer/Family Member Name: _____

Please open the following accounts under my membership:

Share Account: Is required for all NY TEAM FCU members. A continuous \$25.00 balance is required.

Initial Deposit of : _____

Draft Account: No minimum balance is required.

Initial Deposit of : _____

Yes, I would like to receive my first free box of checks the address below:

No, at this time I would not like to receive a box of checks.

We hereby authorize the NY TEAM Federal Credit Union to establish an account for me/us to be known as a "Share Draft Account." The Credit Union is authorized to pay share drafts signed by anyone whose signature appears on this agreement and to charge the payments against the Share Draft Account. I/We acknowledge receipt of my/our copy of the Share Draft agreement and notice of terms. Overdrafts will automatically be compensated by transfer from my/our regular NY TEAM share savings account.

Vacation Club Account: is a continuous club account. This is an interest bearing account and a great way to save for the vacation you have been waiting for. You are permitted one withdrawal, per calendar year, for the full amount of the club, at no charge. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.

Initial Deposit of : _____

Please deduct each pay period from my share account \$ _____

Holiday Club Account: earn dividends and is a convenient way to save so you can purchase all those special gifts for the ones you love. Holiday Club deposits begin approximately the third week of October on your designated payday. Holiday Clubs will be renewed automatically each year. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.

Initial Deposit of : _____

Please deduct each pay period from my share account \$ _____

Membership Account Application

Account #:

Please send me additional information on:

Deposit Services

- Share Certificate
- IRA
- Direct Deposit
- Debit Card
- Home Banking
- Special Teller Audio Response

Loan Services

- Auto Loan
- Mortgage
- NY TEAM FCU MasterCard Application
- Home Improvement Loan
- Loan Rates
- Personal Loan

Authorization

To ensure your membership is opened, be sure to have enclosed:

1. a signed and completed Membership Application
2. signature(s) notarized on application
3. a photocopy of your work identification card
4. a photocopy of each applicants Driver's License or DMV ID Card.
5. a minimum deposit of \$25.00 for your share account.

Mail Application to:

NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801

We will not accept a faxed copy, we require original application to began membership.

Primary Signature

Date

Joint Signature

Date

Notary's Commission:

This application approved by the Board of Directors/ Membership Officer.

Date: _____ Signed by _____
Membership Officer/Secretary

Dated Opened: _____ Office: _____ Teller: _____

If you have any additional comments or concerns please contact us directly at (516) 822-1070.



MasterMoney Debit Card

NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801
Tel: 516-822-1070 Fax: 516-822-2478
www.nyteamfcu.org



Account Number: _____ Date: _____

Please Check One of the Following: New Card Replacement

Member Information

PRIMARY MEMBER

Name: _____
Social Security Number: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

JOINT MEMBER

Name: _____
Social Security Number: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Member(s) Signature

By signing below I agree that I have received and will be bound by the terms and conditions of the MasterMoney Debit Agreement and Electronic Funds Transfer Disclosure.

Primary Signature

Date

Joint Signature

Date

For Credit Union Use Only

Member Service Representative

Teller # : _____ Date: _____
Was Request Emailed to Data Processing: Yes No

Data Processor:

Processed By: _____ Date: _____

NY TEAM Federal Credit Union
MasterMoney Debit / ATM Card Agreement and Electronic Funds Transfer Disclosure

This agreement and Disclosure describes MasterMoney & ATM card (the "Card") services currently offered by NY TEAM Federal Credit Union (or "we" or "us") and makes you disclosures required by law as to such services evolving electronic funds transfers. This Agreement and Disclosure also contains the terms under which you as a depositor of the Credit Union ("you" or "your") may use the Card to access the Credit Union's services by means of an automated teller machine ("ATM") or to obtain cash advances or to make in-person purchases of goods and services at the place where they are sold ("POS Transactions"). If you request such services and satisfy our requirements applicable to holders of our Cards, the Credit Union will issue you a Card that you may use to gain access to your Share Draft, Share Savings accounts specified on your application, for the Card (collectively, your "account") for POS Transaction or other use the Credit Union's ATM cards can be used for. By requesting, receiving, signing, using, authorizing another to use or otherwise accepting a Card (including any replacement or substitute Card) you and any authorized signer on your Account agree to be bound by the following rules and regulations:

1. **Authorized Transactions.** You are responsible and liable for all authorized transaction made through the use of your Card and for all authorized transactions made under any preauthorized transfer. All such transactions are subject to all applicable agreements, rules and regulations of the Credit Union relating to the type of Account on which Card use or preauthorized transfers are authorized, now or in the future, as said agreements, rules and regulations are now in effect or as they may hereafter be amended, modified or adopted. You authorize us to change your Account for all authorized transactions resulting from the use of the Card or resulting from any preauthorized transfer and you assume all responsibility and liability for all such Card use and preauthorized transfers.
2. **Means of Identification.** You will be issued a Personal Identification Number ("PIN") to enable you to be identified when using the Card for ATM transactions and certain POS Transactions. The Card and the PIN are to be used as instructed and you agree not to disclose your PIN in any manner whatsoever to anyone other than authorized users of the Card. You may also be identified by your signature on the sales slip at the time you make a POS transaction.
3. **Your Liability for Unauthorized Use of Your Card. You're Liability for Unauthorized use of Your Card.** Tell us AT ONCE if you believe your Card has been lost or stolen. Telephoning is the best way of keeping your possible losses down. You could lose all the money in your account.
 - (A) **ATM Cards:** If you tell us within two business days after you learn of the loss or theft of your Card, you can lose no more than \$50.00 if someone else used your card without permission. **If you do not tell us within two business days** after you learn of the loss or theft of your Card and we can prove we could have stopped someone from using your Card without your permission if you had told us, you could lose as much as \$500.00, but not more than \$50.00 based pm transactions that occur during the first two business days after you learn of the loss or theft of your Card.
 - (B) **MasterMoney Card:** If you have exercised reasonable care with respect to the Card, have not reported two or more occurrences of unauthorized use within the last 12 months and your account is in good standing, you will not be responsible for the loss. (If you have received a benefit from the use of the Card or it is used by someone with actual, implied or assumed authority, these loss limitations do not apply.) If your statement shows transfers that you did not make, tell us at once. If you do not tell us within 60 days after the first statement was mailed to you, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. Otherwise, your losses will be limited to the lesser of \$50 or the value of property or services obtained through the unauthorized debits shown on your statement or occurring during the 60 days after we send you your statement unless: (i) you don't report the loss or theft of your Card within two business days, (ii) you fail to report an unauthorized transfer within 60 days after it appears on your statement, and (iii) there are additional unauthorized transfers at the end of such 60-day period.
4. **How To Notify Us:** If you believe your Card had been lost or stolen or that someone had transferred or may transfer money from your Account without your permission, call 516-822-1070 or you may also give us notice in person by coming in to any of our branch locations, during business hours.
5. **Transaction/Transfer Information.** Your Card may be used to access your Account for POS Transactions and for any other service which may be accessed by an ATM Card. There are two types of POS Transactions (those which require you to use a PIN and those that do not). There are different dollar limitations based on the type of POS Transaction. Those uses are subject to the following limitations, which may restrict your ability to make electronic fund transfers:

Withdraw Cash Not more than \$1,000 per day (or if less, the amount available in your Account for withdrawal)

Transfer Funds Between Accounts Limited only to the amount of funds available for withdrawal in the Account from which the transfer is requested.

Check Account Balances No Limits.

POS Transactions The amount available in your Account, subject to the following limitations: **ATM or MasterMoney Card** with transactions not requiring a PIN is limited to \$1,000 per day. **MasterMoney Card** with transactions not requiring a PIN is limited to 20 transactions and \$2,500 per day.
6. **POS Transactions.** (a) We will debit your Account for POS Transactions, and you agree that each such debit shall constitute a simultaneous withdrawal from or demand on such Account even if you have not signed a sales authorization and even though the transaction may not actually be posted to the Account until a later date. POS Transactions will be posted to your Account in the order received and with the same legal effect as checks or drafts drawn on such type of Account. (b) We may require the merchants who accept your Card for POS Transactions obtain an authorization from us for any transaction over a certain dollar amount. The available balance in your Account will be reduced by the amount of POS Transaction from which a merchant receives authorization from us, even if the documentation evidencing such POS Transactions has not yet been received and processed by us. When the documentation has cleared through us, any "hold" placed on your Account for the amount of the transaction will be released and your Account will be debited for the amount of the POS Transaction. We shall not be liable to you for dishonor of checks or failure to authorize subsequent POS Transactions at any time that a prior POS Transaction we have authorized has not yet been processed.
7. **Fees.** Depending on the type of Account on which the Card is used or preauthorized transfers are authorized, you may be charged for transactions you make using an ATM and for each POS Transaction at the rates disclosed on the Credit Union's "Schedule of Service Fee" brochure. When you use and ATM not owned by us you may be charged a fee by the ATM operator or any Network used to complete the transfer. You will also be charged a fee for balance inquiry.
8. **Documentation.** You will get a receipt from the seller at the time you make any POS Transaction using your card. You will get a receipt each time you use your Card at an ATM unless the terminal is not working properly. If your Account is a Draft Account, you will get a monthly statement. If you account is a Share Account, you will get a monthly statement unless there are no electronic funds transfers in a particular month, in which case you will get a Share Account statement at least quarterly.
9. **Stop Payments.** If you have authorized regular payments to be made out of you Account, you can stop any of these payments. Here's how: Call 1-516-822-1070 or write to 65 Broadway Hicksville, NY 11801. Allow for us to receive your request 3 business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call, as your oral stop payment order will no be binding on us after 14 days. We will charge you for each stop payment you order, as disclosed on the "Schedule of Service Fee" brochure. If these regular payments vary in amount, the person you are going to pay will tell you, 10 days before each payment, when it will be made and how much it will be. You may not stop payment on POS Transactions, and we will not be liable for any claims you may have against a merchant as a result of any POS Transaction.
10. **Disclosure of Information About You.** We may disclose information to third parties about your Account or the transactions you make: a) when it is necessary for completing transactions. b) In order to verify the existence and condition of your Account for a third party such as a credit bureau or merchant. c) In order to comply with government agency or court orders. d) If you give us your written permission.
11. **Credit Union's Liability for Failure to Make Transfers.** If we do not complete a transfer to or from you account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. For instance, we will not be liable:
 - (1) If through no fault of ours, you do not have enough available funds in your Account to make the transfer.
 - (2) If the money in your Account is subject to legal process or another type of restriction on its transfer.
 - (3) If the ATM where you are making the transfer does not have enough cash.
 - (4) If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
 - (5) If the terminal was not working properly and you knew about the breakdown when you started the transfer.
 - (6) If incomplete or inaccurate information is forwarded by the United States Treasury or through the automated clearinghouse.
 - (7) If we have not received the deposit from the original source.
 - (8) If we have not received proper authorization and notice.
 - (9) If the merchant or financial institution fails to accept the Card for any reason.
12. **Terminations of Services or Privileges.** We may at any time, at our sole discretion, limit, suspend or modify the electronic funds transfer services we provide, including those that can be accessed through your Card, and may at any time revoke the Card or terminate your Account. In the event that such action is taken by us, we will notify you in writing within 30 days of the date we take such action. The Card at all times remains our property and upon revocation of the Card you agree to surrender it to us or our agent upon demand.
13. **Amendments.** We may amend, modify or rescind the rules and regulations applicable to your use of the Card at any time upon taking one or both of the steps listed below:
 - (1) Mailing or delivering written notice of such amendment, modification or rescission to you at least 21 days prior to the effective date of any such change.
 - (2) Posting a copy of such amendment, modification, or rescission adjacent in the main lobby of the Credit Union for a period of 21 days. If a change in such rules and regulation would result in increased fees or charges, increased liability to you, fewer types of available electronic funds transfers or stricter limitations on the frequency or dollar amount of transfers, we will notify you in the manner described in (1) above. If a change in such rules and regulation would not result in an increase in fees, charges or liability, fewer services or such stricter limits, we may at our option mail or deliver written notice to you but shall not be required to provide you with such notice at least 21 days prior to the effective date of such change. In an immediate change in the terms and conditions governing your use of the Card is necessary in order to maintain or restore the security of the Credit Union's electronic fund transfer system or your Account, the Credit Union is not required to give you prior notice, but the Credit Union will notify you within 30 days or with your next monthly statement if such a change will become permanent unless disclosure of the change would jeopardize the security of the Credit Union's system or your Account. Any amendment, modification or rescission made in the manner described above shall be binding upon you as through expressly agreed to by you. In the event that a written notice is mailed to you, it shall be mailed to your last known address as shown on the Credit Union's records.

Internet Home Banking/ STAR (Special Teller Audio Response) Agreement

Follow the instructions below and return the completed application to any Credit Union office or mail to:

NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801
Phone: 516-822-1070 Fax: 516-822-2478

By my signature below, I hereby apply to NY TEAM Federal Credit Union to be granted access to the Internet Home Banking and or STAR (Special Teller Audio Response) System. I 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 permission to access my account, via these systems, and that I am responsible for any transactions conducted via same. I further agree to notify NY TEAM 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 NY TEAM 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. I further understand that NY TEAM 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 available during 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. All quoted balances are available balances and do not include items that have not cleared. I agree to the terms and conditions stated above. I have read the Disclosure of Information pertaining to NY TEAM Federal Credit Union's Electronic Funds Systems on the back of this application, and agree to the rules and regulations disclosed therein.

Please Print Clearly

Account Number: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email Address: _____
Signature: _____ Date: _____

Please Select the Credit Union System that you would like access to:

Internet STAR

OFFICE USE ONLY

Teller Initials _____ Date Completed _____ Branch Office _____



Disclosure of Information for Home Banking/ Star Service

Definitions

“YOU” and “YOUR” mean each person who has signed the Home Banking Agreement or who use the systems with your consent. “WE,” “US,” and “OUR” mean NY TEAM Federal Credit Union whom you applied to for this service. “ACCOUNT” means each and all of your account for which you may use this service. “PIN” means your Personal Identification Number. “TRANSACTION” means a withdrawal inquiry or transfer of money by use of this system. “SYSTEM” refers to the Home Banking System.

General Agreement

You agree that the transactions made through this system are subject to any other applicable rules or regulations and to any other agreements between us. We may add services or make other changes in this agreement by written notices mailed to you at the most recent address on your records for this account.

Business Days

The Credit Union’s business days are defined as Monday through Friday. Holidays are excluded.

Personal Identification Number (PIN)

Please select The Credit Union System that you would like access to on your signed agreement and one will be mailed to you. Once you login to the Home Banking/Star System you may change the PIN number that was assigned to you by the Credit Union. In the event of a lost or forgotten PIN, you may call us to obtain a new activation code. To ensure the safety of your account, DO NOT record your pin in an area that an unauthorized person could have access to or divulge it to anyone. It is your responsibility to keep your PIN secure to prevent fraudulent transactions on your account.

How To Access Our Systems

The Home Banking System resides at internet address <http://www.nyteamfcu.org>
The Audio Response System can be reached by dialing (516) 822-0190.

Transactions

You may use the systems to access to the following information:

- Listing of all accounts –current and available balance –history on all accounts up to 6 months –loan payment amount, balance and next due date –check withdrawals with payments generated to yourself and mailed to your residence –stop payments on checks -transfer funds between accounts within the same member profile –cleared share drafts -change your password.

We reserve the right to add, delete, and modify these services.

Withdrawals

You may make check withdrawals on the system up to limits established by the Credit Union providing your account balance had available funds. Check withdrawals are mailed the next business day, payable to the basic member and mailed to the address of record.

Overdrafts

Unless you have a line of credit agreement to cover overdrafts on your Share Draft Account, you agree not to create an overdraft. If an overdraft does occur, you may be liable for court costs and attorney’s fees, as allowed by the law. We can offset and overdraft you create without your permission against any other deposit account you have with us.

Transfers

Transfers made from Share Savings Accounts are subject to Regulation D restrictions. Regulation D restricts the number of electronic transfers made from each account.

Termination

Uses of the Systems may be terminated or restricted at any time without notice. You may terminate this agreement at any time by giving written notice to the Credit Union. We can shut down the Systems without advance notice to you.



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

NON-CHARTER DIRECT DEPOSIT FORM

Account #: _____

Visit our website
www.nyteamfcu.org

Member's Information

Primary Member: _____ Date: _____
 Social Security #: _____ Employer: _____
 Phone #: _____ Employee #: _____
 Work Phone: _____ Email: _____

Disclosure

I authorize my Employer to deduct from my wages each week the amount indicated below and to forward such amount to NY TEAM Federal Credit Union on my behalf. In addition, I hereby further authorize my Employer to deduct from my wages each week any increased amount which I have authorized NY TEAM Federal Credit Union to take on my behalf.

In the event that my employment with my Employer should cease, for any reason whatsoever, either temporary or permanently, I hereby authorize my employer to pay NY TEAM Federal Credit Union any and all monies due from my employer, to satisfy any outstanding balance owing to the said Credit Union by me and existing at the time of my cessation of service.

I have read the above conditions and I understand and agree to be bound by them.

**Note: Different forms are needed for LIRR, MTA, SIRTOA, AMTRAK, NJ TRANSIT
 Please contact the Credit Union for necessary forms and information.**

Direct Deposit Information

Initial Authorization Change in Authorization

Deposit Amount: Net Check \$ _____

Payroll Period: Weekly Biweekly Monthly Semi-Monthly

Credit Union R/T No: 2260-7612-2

Account Number: _____

Authorization

 Primary Signature

 Date