



Electronic Fund Transfers Agreement and Disclosure (Reg E) Order Request and Questionnaire

TO ORDER

- 1. Complete this fillable PDF and fax or e-mail the information to CUNA Mutual Group. Please contact us at 800.356.5012 if you have questions.
• Compliance questions – contact LOANLINER Compliance Support.
• Product questions – contact LOANLINER Customer Service.
• To view the LOANLINER Documents Warranty, go to www.loanliner.com.

Fax: 608.236.6891

Mailing Address: CUNA Mutual Group, LOANLINER Deposit Documents PO Box 391 Madison, WI 53701-0391

CONTACT INFORMATION

Contract #: _____ CUID #: _____
Credit Union: _____
Contact Name*: _____ Telephone #: _____
E-mail Address: _____ Fax #: _____
Backup Contact Name: _____ Telephone #: _____
Backup Contact E-mail Address: _____ Fax #: _____

LOGO/PERSONALIZATION INFORMATION

Select a credit union logo and/or address to be included on your document(s): (Select only one.)

- Credit Union Graphic/Logo Only
Graphic/Logo, Credit Union Name & Address
Credit Union Name & Address Only

Graphic/Logo to be used:

- My logo is already on file with CUNA Mutual Group
My logo is included (We can accept a .tif, .eps, or camera-ready art for scanning. The quality of any other method cannot be guaranteed.)
Graphic/Logo is for a new order
Update graphic/logo we already have on file for use with the next document we order.

Additional Logos (Optional):

- Include "Hands & Globe" logo
Include "America's CU" mark
Instead of CU logo
With CU logo

Credit Union Name: _____
CU Address (1): _____ CU Address (2): _____
City/State/ZIP: _____
Telephone: _____ Fax Number: _____
Toll-Free Number: _____ Web Address: _____

DELIVERY INFORMATION

PLEASE SEND MY DOCUMENTS IN ELECTRONIC FORMAT.

- Credit Union E-mail Address (Enter only if different than e-mail address above.): _____
Data Processor E-mail Address: _____
Data Processor's Contact Name: _____
Data Processor's Name: _____
Telephone: _____
Data Processor's Format: _____
Implementation Date for Electronic Form: _____
Other E-mail Address: _____

PLEASE SEND MY DOCUMENTS IN PAPER FORMAT. If you want part of your order shipped to a credit union and part of the order shipped to a processor/mailhouse, please indicate the quantity you want shipped to each.

- Same street address as provided in the "CREDIT UNION LOGO/OTHER PERSONALIZATION INFORMATION" section.
Credit Union Street Address: _____ Quantity: _____
City/State/ZIP: _____
Processor/Mailhouse Name: _____ Quantity: _____
City/State/ZIP: _____

HOW DO YOU WANT YOUR PROOF(S) SENT TO YOU?

- Provide your E-mail address, if you want your proofs sent by e-mail: _____
Provide your fax number, if you want your proofs sent by fax: _____

Questions?

Call LOANLINER Customer Service at 800.356.5012.

Credit Union: _____

Contract/CUID #: _____

ADDITIONAL FEES/INFORMATION

PAPER AND ELECTRONIC: The Set-up Fee for the Electronic Fund Transfer Agreement and Disclosure is \$120.

The standard price for a paper disclosure document includes the document price, personalized credit union information and logo, document proofs, printing and folding charges, choice between four (4) 4-color graphics and standard text in black ink. Choice of text ink color is available at an additional cost. Compliance support of the document(s) is also included in the standard price.

If you are ordering a paper disclosure, please select one of the four (4) cover designs on page 3.

Text Ink Color: The standard text ink color – black – is provided at no charge. If you would like a different color, please check the custom box and we will provide pricing.

Custom – please provide your PMS color _____

Set-up Fees are charged on initial orders, but not on reorders with changes.

Consultation/Development Fees: In some cases, credit unions may want to alter our standard disclosure document language or format design for various operational reasons (e.g., your legal attorney prefers different wording, you would like to use a custom graphic on the cover of your disclosure(s), you would like to use a different color ink or paper, etc.). In this case, your credit union may contact LOANLINER Customer Service at 1.800.356.5012, Option 1, to discuss alternative customization solutions and receive a price quote. The cost for any additional customization(s) are charged at the rate of \$180.00/hr; minimum of one hour, and \$45.00 for each additional 15-minute increment. **On your first order, the one hour minimum does not apply; you will be charged only for the time increments needed.**

Reg E Application Type: If you purchase a Reg E disclosure that is not combined with any other product, you have the option of adding an application to the product. Which application would you like?

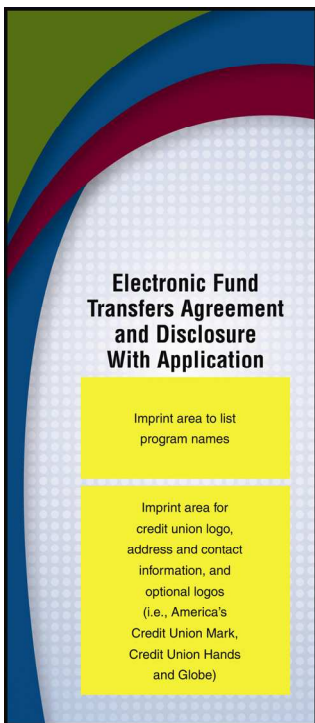
- Standard
- LOC (line-of credit)

Order Processing: Upon receipt of your completed questionnaire, Customer Service will develop your product and send a proof. Upon approval, for paper orders, your order will be printed and shipped; for electronic orders, your documents will be E-mailed to the credit union. The entire process generally takes 4-6 weeks based on timely approval of proofs.

Cancellation of Order: When the Credit Union cancels an order that is in progress, they will be charged for any fees incurred (e.g., set-up fees, consultation and development fees, etc.).

Returns on Paper Disclosures: Because disclosures are customized for each credit union, returns are not permitted.

NOTE: Prices and product availability are subject to change without notice.



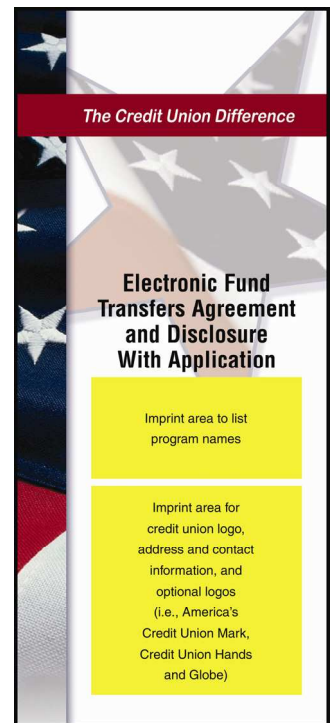
Standard



Services



Family



Patriotic

Credit Union: _____

Contract/CUID #: _____

FORM SELECTION

Stock Number	Product Description <i>Minimum quantity 100, except where noted.</i>	Paper Format		Electronic Usage (√ all that apply)
		Quantity	√ Cover Graphic	
51002*	Reg E – Electronic Funds Transfer Agreement		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
20660*	Reg E with Application		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
21442*	Reg E – Debit Card Agreement		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
20661*	Reg E – Debit Card Agreement with Application		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
21510*	Reg E – ATM Card Agreement		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
20659*	Reg E – ATM Card Agreement with Application		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
21440*	Combined – MAA, Reg E <i>(Minimum quantity 300)</i>		<input type="checkbox"/> Standard <input type="checkbox"/> Patriotic <input type="checkbox"/> Services <input type="checkbox"/> Family	<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com
DXE00*	Overdraft Services Consent Note: A credit union cannot charge a member a fee for paying an overdraft on an ATM or one-time debit card transaction, unless the member has consented to the fee. This document is used to obtain the member's consent.			<input type="checkbox"/> Data Processor/Host System <input type="checkbox"/> Credit Union standalone/Internet <input type="checkbox"/> Website <input type="checkbox"/> Il.com

ELECTRONIC FUND TRANSFERS AGREEMENT AND DISCLOSURE (Reg E)

The Reg E disclosure is the contract covering members' and your credit union's rights and responsibilities governing EFT services, such as ATM cards, debit cards, audio response, preauthorized EFTs, electronic check conversion, online banking, mobile access devices, and bill payment services. This questionnaire is designed to facilitate compliance with the initial disclosure requirements of the electronic services you offer and as it relates to the Electronic Fund Transfers Act and Regulation E ("Reg E"). The information you provide will be incorporated into the Federal Reserve Board's ("FRB") model disclosure forms. Use of the FRB's model forms will assure compliance with the disclosure requirements of the Act and Regulation E.

States for Reg E Disclosure: Please place a checkmark next to the states for which you would like state specific language included in your Reg E disclosure.

- | | | | |
|-------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Standard Reg E –
No state specific language | <input type="checkbox"/> Colorado | <input type="checkbox"/> Kansas | <input type="checkbox"/> Minnesota |
| | <input type="checkbox"/> Illinois | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York |
| | <input type="checkbox"/> Iowa | <input type="checkbox"/> Michigan | <input type="checkbox"/> Wisconsin |

If you have a branch located in one of these states other than your main branch, the disclosures used by that branch must reflect both Reg E and the applicable provisions of that state's law. Therefore, you will need to photocopy this questionnaire and complete a separate disclosure for the branch located in one of these states, and separate disclosures will be developed. If you would like to combine into one document, call customer service to discuss customization options.

Questions?

Call LOANLINER Customer Service at 800.356.5012.

Credit Union: _____

Contract/CUID #: _____

1. Credit Union Notification: Phone number(s) and address for members to notify the credit union of lost/stolen cards or access device (PIN):

Same as above Other (_____) _____ Address: _____

2. Business Days: The credit union's regular business days are:

- a. Monday through Friday, excluding holidays.
- b. Monday through Saturday, excluding holidays.
- c. Other: _____

If you are a **Massachusetts credit union** please answer the following question.

Telephone Hours. Massachusetts law requires disclosure of the hours during which the member may call the credit union to report unauthorized transactions or inquiries about account activity. (Select "a" or "b".):

- a. Contact us during business hours between _____ and _____ on any business day.
- b. Contact us during the hours of _____ and _____ on any day.

3. Please list how you refer to your deposit accounts: (Example: share (savings) and share draft or savings and checking).

Share Share Draft Savings Checking Other: _____

4. Please list the share accounts affected by Regulation D that are accessible through the electronic services selected in this questionnaire: (See example language below.) When selecting the accounts, they should mirror the accounts listed on your TIS Rate Schedule for Savings and Transaction accounts.

N/A Share Savings Christmas Club Money Market Other: _____

(Example Disclosure Language: For accounts in which transfer limitations apply, during any month, you may not make more than six (6) withdrawals or transfers to another credit union account of yours or to a third party by means of a preauthorized or automatic transfer, by telephone order or instruction, or by check, draft, debit card, if applicable, or similar order. If you exceed the transfer limitations in any month, your account may be subject to a fee or be closed.

ELECTRONIC FUNDS TRANSFER SERVICES

1. EFT SERVICES: Answer all applicable questions for each of the electronic services that your credit union offers. All items that you mark will be included on the same disclosure. If you would like stand-alone disclosures for any of the EFT services, you must complete a separate questionnaire for each service.

A. ATM Card Services: Describe the applicable ATM Card services and limitations. **NOTE:** Do not complete the ATM Card Services section unless you have an ATM (only) program or one that is separate from your debit card program. (Example: You offer a debit card with ATM access, but do not have a separate ATM (only) card. You would then fill out the debit card section which includes ATM access questions.)

a. Name of ATM program, if applicable (e.g. QuikCash): _____

b. Check the personal security code available (*Check only one.*):

- i. Personal Identification Number (PIN)
- ii. Other: _____

c. ATM Networks (List the ATM networks available such as STAR, CO-OP, NYCE, Cirrus, or PULSE.): **Do Not include Visa and MasterCard networks here:** _____

d. Check all ATM card services available (*Check all that apply.*):

- | | | | | |
|----------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> i. Deposits to: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> ii. Withdrawals from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iii. Transfers from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iv. Balance Inquiries on: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> v. Loan Payments from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |

Credit Union: _____

Contract/CUID #: _____

- vi. Access line of credit account – Name of account (e.g. Line-of-Credit): _____
- vii. Make Point-of-Sale (POS) transactions with your Card and PIN to purchase goods or services at POS terminals that carry the network logos.
- viii. Other: _____
- e. Check applicable limits on ATM services. (**NOTE:** Some credit union's limitations for ATM withdrawals and POS transactions are inclusive of each other. For example, if you have a daily withdrawal limit of \$300, does this total limit also include POS transactions? If so, use the other line to list this limitation. Example language could be: Maximum ATM withdrawal and POS transactions per day of \$300, if there are sufficient funds in your account.)
- As required by Reg E, you cannot be general about any of the limitations or give a minimum or maximum. You must be specific. If you follow-up with an addendum to this disclosure for these limitations, please make reference to that on the other line. For example, if you have tiered withdrawal limits or POS or debit purchase limits, you can write the following on the other line: There are daily withdrawal and purchase limits. You will be notified of these limits by the credit union before you receive your access card.
- i. Unlimited number of cash withdrawals from ATMs per day. (If checked, do not complete next check box.)
- ii. _____ Number of cash withdrawals from ATMs per day.
- iii. \$_____ Maximum withdrawal from ATMs per day, if there are sufficient funds in the account.
- iv. Unlimited number of POS transactions per day.
- v. _____ Number of POS transactions per day.
- vi. \$_____ Maximum purchase amount from POS terminals per day, if there are sufficient funds in the account.
- vii. For security purposes, there are other limits on the frequency and amount of transfers available at ATMs.
- viii. Other: _____

NOTE: Some credit union's limitations for ATM withdrawals and POS transactions are inclusive of each other. If you have a daily withdrawal limit of \$300, does this total limit include POS transactions at a merchant? If so, use the "Other" line to list this limitation. Example language: "Maximum ATM withdrawal and POS transactions per day of \$300, if there are sufficient funds in your account."

- B. Debit Card Services:** Describe the applicable debit card services and limitations. (**NOTE:** The term "purchases" refers to use of the card and your signature at merchants. The term "POS" refers to the use of your card and PIN at merchants. This does not refer to ATM cash withdrawals.)
- a. Name of debit card program (e.g. Visa Check Card, etc.): _____
- b. Check the name of the access card company these transactions are processed through:
- Visa
- MasterCard
- c. Identify the account from which debit card purchases are deducted:
- Share Draft
- Checking
- d. Check the personal security code available (*Check only one.*):
- i. Personal Identification Number (PIN)
- ii. Other: _____
- e. Debit Card Networks:
- i. List the ATM networks (Cirrus, CO-OP, PULSE): _____
- ii. **For Visa programs only:** Have you enabled PINless transactions for any networks in addition to Visa networks? (**Note:** Visa networks include PLUS and Interlink.)
- No
- Yes – List the networks: _____
- f. Check all debit card services that apply:
- | | | | | |
|------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> i. Deposits to: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> ii. Withdrawals from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |

Credit Union: _____

Contract/CUID #: _____

- iii. Transfers from:

<input type="checkbox"/> Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> IRA
<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Club	
<input type="checkbox"/> Share Draft	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other: _____	
- iv. Balance Inquiries on:

<input type="checkbox"/> Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> IRA
<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Club	
<input type="checkbox"/> Share Draft	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other: _____	
- v. Loan Payments from:

<input type="checkbox"/> Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> IRA
<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Club	
<input type="checkbox"/> Share Draft	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other: _____	
- vi. Access line of credit account – Name of account (e.g. Line-of-Credit): _____
- vii. Make POS transactions to purchase goods or services at merchants that accept: Visa MasterCard
- viii. Order goods or services by mail or telephone from places that accept: Visa MasterCard
- ix. Other: _____

g. Check applicable limits on debit card services. (**NOTE:** Some credit union's limitations for ATM withdrawals and POS transactions are inclusive of each other. For example, if you have a daily withdrawal limit of \$300, does this total limit also include POS transactions? If so, use the *other* line to list this limitation. Example language could be: Maximum ATM withdrawal and POS transactions per day of \$300, if there are sufficient funds in your account.)

As required by Reg E, you cannot be general about any of the limitations or give a minimum or maximum. You must be specific. If you follow-up with an addendum to this disclosure for these limitations, please make reference to that on the *other* line. For example, if you have tiered withdrawal limits or POS or debit purchase limits, you can write the following on the *other* line: There are daily withdrawal and purchase limits. You will be notified of these limits by the credit union before you receive your access card (complete only those actions which reflect your credit union services). If you have a control file questionnaire, the services on the control file should mirror these actions.

- i. Unlimited number of debit card purchases per day. (If checked, do not complete next check box.)
- ii. _____ Number of debit card purchases per day.
- iii. Purchase amounts limited to amount in the account.
- iv. \$_____ Maximum purchase amount per day.
- v. \$_____ Maximum for each transaction.
- vi. Unlimited number of cash withdrawals from ATMs per day. (If checked, do not complete next check box.)
- vii. _____ Number of cash withdrawals from ATMs per day.
- viii. \$_____ Maximum withdrawal from ATMs per day, if there are sufficient funds in the account.
- ix. Unlimited number of POS transactions per day.
- x. _____ Number of POS transactions per day.
- xi. \$_____ Maximum POS transactions per day, if there are sufficient funds in the account.
- xii. For security purposes, there are other limits on the frequency and amount of transfers available at ATMs.
- xiii. Other: _____
- xiv. Unlimited number of transactions per day.

h. Illegal use of the debit card: Are you blocking any gambling transactions for illegal use?

- No, we do not block any gambling transactions.
- All gambling is prohibited
- Only Internet gambling is prohibited.

Foreign Transaction Information.

A. Please complete this question if your credit union offers a **Visa** card program. (*Select only one.*)

- We do not charge a fee for foreign transactions.
- We charge a fee of _____% for BOTH multiple and single currency foreign transactions. Please provide percentage.
- We charge BOTH the single and multiple foreign transaction fees and want to disclose them as two separate fees. Please provide percentages. Multiple: _____% Single: _____%

We will refer to these fees as **Foreign Transaction Fees** in your disclosures unless an alternative name is provided below.

Credit Union: _____

Contract/CUID #: _____

- B. Please complete this question if your credit union offers a **MasterCard** program. (Select only one.)
MC will be charging your credit union 0.80% for cross border transactions. MC will be charging members directly 0.20% for currency converted back to U.S. dollars.

- We do not charge a fee for foreign transactions.
- We charge a fee of up to 1.00% on all cross-border transactions AND up to 1.00% on transactions that are converted back to U.S. dollars.
- We will be charging a fee of _____% on all cross-border transactions. Please provide percentage.
In addition, we will charge a fee of _____% on transactions that are converted back to U.S. dollars. Please provide percentage which will include MasterCard's 0.20% fee.

We will refer to these fees as **Foreign Transaction Fees** in your disclosures unless an alternative name is provided below.

 BB. Health Savings Account (HSA) Debit Cards.

Describe the applicable HSA Debit Cards available:

a. Name of HSA program (e.g. Health Savings Account): _____

b. Check the personal security code available (Check only one.):

 i. Personal Identification Number (PIN) ii. Other: _____

c. Check the HSA debit card available (Check all that apply.):

i. Deposits to: Share Savings Other: _____
 Share Draft Checking

ii. Withdrawals from: Share Savings Other: _____
 Share Draft Checking

iii. Transfers from: Share Savings Other: _____
 Share Draft Checking

iv. Balance Inquiries on: Share Savings Other: _____
 Share Draft Checking

 v. Access line of credit account – Name of account (e.g. Line-of-Credit): _____ vi. Make POS transactions to purchase goods or services at merchants that accept: Visa MasterCard vii. Order goods or services by mail or telephone from places that accept: Visa MasterCard viii. Other: _____

d. Check the applicable limits on the HSA service (Check all that apply.):

 i. Unlimited number of HSA debit card purchases per day. (If checked, do not complete next check box.) ii. _____ Number of HSA debit card purchases per day. iii. Purchase amounts limited to amount in the account. iv. _____ Maximum purchase amount per day. v. \$_____ Maximum for each transaction. vi. Unlimited number of cash withdrawals from ATMs per day. (If checked, do not complete next check box.) vii. _____ Number of cash withdrawals from ATMs per day. viii. \$_____ Maximum withdrawal from ATMs per day, if there are sufficient funds in the account. ix. Unlimited number of POS transactions per day. x. _____ Number of POS transactions per day. xi. \$_____ Maximum POS transactions per day, if there are sufficient funds in the account. xii. For security purposes, there are other limits on the frequency and amount of transfers available at ATMs. xiii. Other: _____

e. HSA Debit Card Networks.

i. List the ATM networks: _____

ii. **For Visa programs only:** Have you enabled PINless transactions for any networks in addition to Visa networks? (Note: Visa networks include PLUS and Interlink.)? No Yes – List the networks: _____

Credit Union: _____

Contract/CUID #: _____

C. Telephone (Audio Response) Services.

Describe the applicable Telephone (Audio Response) services available:

- a. Name of Audio Response program (e.g. Telephone Teller, etc.): _____
- b. Check the personal security code available (*Check only one.*):
- i. Personal Identification Number (PIN)
- ii. Other: _____
- c. Check the Audio Response services available (*Check all that apply.*):
- | | | | | |
|-----------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> i. Withdrawals from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> ii. Transfers from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> iii. Balance Inquiries on: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> iv. Loan Payments from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: | _____ |
- v. Access line of credit account – Name of account (e.g. Line-of-Credit): _____
- vi. Make bill payments to preauthorized creditors.
- vii. Determine if a particular item has been cleared.
- viii. Obtain tax information on amounts earned on deposit accounts or interest paid on loan accounts.
- ix. Verify the last date and amount of your payroll deposit.
- x. Other: _____
- d. Check the applicable limits on the telephone/audio response service (*Check all that apply.*):
- i. Unlimited number of transactions per day.
- ii. _____ Number of transactions per call.
- iii. \$_____ Maximum withdrawal/transfer per day, if there are sufficient funds in the account.
- iv. Other: _____

D. Preauthorized EFTs.

Describe the applicable Preauthorized EFT services available:

- a. Check type of Preauthorized EFTs available (*Check all that apply.*):
- i. Direct Deposit (ACH). Accept direct deposits from an employer, U.S. Treasury Department, or other financial institution to _____ account.
- List the credit union's telephone number for member to confirm preauthorized credits:
- Same as cover page Different: _____
- ii. Recurring Bills. (These could include monthly insurance premiums or other fixed monthly bills.)
- Pay certain recurring bills from: Share Share Draft Savings Checking
- iii. Other: _____
- b. Describe applicable limitations on frequency or amount of Preauthorized EFTs.
- i. None
- ii. Other: _____

E. Online Banking (PC) EFTs.

Complete only if you offer online banking (PC) EFTs:

- a. Name of Online (PC) EFT services you offer: _____
- b. Check the personal security code available (*Check only one.*):
- i. Personal Identification Number (PIN)
- ii. Other: _____



**Electronic Fund Transfers Agreement and Disclosure (Reg E)
Order Request and Questionnaire**



Credit Union: _____

Contract/CUID #: _____

c. Check the Online (PC) services available (*Check all that apply.*):

- | | | | | |
|-----------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> i. Withdrawals from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> ii. Transfers from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iii. Balance Inquiries on: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iv. Loan Payments from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
- v. Access loan accounts with transfer to deposit accounts. Name of loan account: _____
- vi. Make bill payments to participating companies.
- vii. Other: _____
- viii. Determine if a particular item has been cleared.
- ix. Obtain tax information on amounts earned on deposit accounts or interest paid on loan accounts.
- x. Verify the last date and amount of your payroll deposit.

d. Check all limits on the online (PC) services that apply. There is no need to specify Regulation D limitations as these are automatically included.

- i. Unlimited number of transactions per day. (If checked, do not complete next check box.)
- ii. _____ Number of transactions per day.
- iii. \$_____ Amount of maximum withdrawal/transfer per day.
- iv. _____ Other: _____

F. Mobile Access Device Banking EFTs.

Complete only if you offer mobile access device banking EFTs:

a. Name of mobile access device EFT services you offer: _____

b. Check the personal security code available (*Check only one.*):

- i. Personal Identification Number (PIN)
- ii. Other: _____

c. Check the mobile access device services available (*Check all that apply.*):

- | | | | | |
|-----------------------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> i. Withdrawals from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> ii. Transfers from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iii. Balance Inquiries on: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> iv. Loan Payments from: | <input type="checkbox"/> Share | <input type="checkbox"/> Checking | <input type="checkbox"/> Loan | <input type="checkbox"/> IRA |
| | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Club | |
| | <input type="checkbox"/> Share Draft | <input type="checkbox"/> Certificate | <input type="checkbox"/> Other: _____ | |
- v. Access loan accounts with transfer to deposit accounts. Name of loan account: _____
- vi. Make bill payments to participating companies.
- vii. Other: _____
- viii. Determine if a particular item has been cleared.
- ix. Obtain tax information on amounts earned on deposit accounts or interest paid on loan accounts.
- x. Verify the last date and amount of your payroll deposit.

Questions?

Call LOANLINER Customer Service at 800.356.5012.

Credit Union: _____

Contract/CUID #: _____

d. Check all limits on the mobile access device services that apply. There is no need to specify Regulation D limitations as these are automatically included.

i. Unlimited number of transactions per day. (If checked, do not complete next check box.)

ii. _____ Number of transactions per day.

iii. \$ _____ Amount of maximum withdrawal/transfer per day.

iv. _____ Other: _____

G. Bill Payment Service:

Describe the applicable electronic bill payment services available.

a. Name of bill payment program (e.g. Bill Pay): _____

b. Check applicable services (*Check only one.*):

i. Withdraw funds from checking.

ii. Withdraw funds from share draft.

iii. Other: _____

c. Check the applicable limits on the bill payment service (*Check all that apply.*):

i. Unlimited number of bill payments per day. (If checked, do not complete next check box.)

ii. _____ Number of bill payments per day.

iii. \$ _____ Maximum payment amount per day.

iv. _____ Other: _____

FEES AND CHARGES FOR EFT SERVICES (REG E)

2. If your limitations on ATM withdrawals and POS transactions are inclusive of each other, then chances are your fees are too. Make sure that you reflect the fees accurately. You can edit the language on the fees listed below or use the *other* lines or the last page of this questionnaire.

Yes, we do (See below.) charge for Electronic Funds Transfer services.

Yes, we do charge for EFT services; however, they are listed on a separate fee schedule.

No, we do not charge any fees.

A. ATM Fees and Charges.

a. No charge for any ATM transactions (Skip to letter "g").

b. _____ Number of ATM withdrawals per month which are free of charge

c. \$ _____ Amount charged for all ATM withdrawals

d. \$ _____ Amount charged for ATM withdrawals after the _____ transactions per month (Enter number of transactions after which you charge.)

e. \$ _____ Amount charged only for ATM withdrawals at machines we do not own (nonproprietary)

f. \$ _____ Amount charged for ATM withdrawals at machines we do not own (nonproprietary) after the _____ per month (Enter number of transactions after which you charge.)

g. No charge for any POS transactions at the present time (Skip to letter "k").

h. _____ Number of POS transactions per month which are free of charge

i. \$ _____ Amount charged for all POS transactions

j. \$ _____ Amount charged for POS transactions after the _____ per month (Enter number of transactions after which you charge.)

k. \$ _____ Annual Card Fee

l. \$ _____ Replacement Card Fee

m. \$ _____ Nonsufficient Funds Fee

n. \$ _____ Amount charged for each ATM overdraft

NOTE: Member must agree to overdraft fee before credit union can charge the fee.

o. \$ _____ Other: _____

B. Debit Card Fees and Charges:

a. No charge for any debit card purchases (Skip to letter "d").

b. \$ _____ Amount charged for debit card purchases after _____ transactions per month (Enter number of transactions after which you charge.)

Credit Union: _____

Contract/CUID #: _____

- c. \$ _____ Amount charged for all debit card purchases
- d. \$ _____ Amount charged for all ATM withdrawals
- e. \$ _____ Amount charged only for ATM withdrawals at machines we do not own (nonproprietary)
- f. \$ _____ Amount charged for ATM withdrawals after the _____ per month
- g. \$ _____ Amount charged only for ATM withdrawal at machines we do not own (nonproprietary)
- h. \$ _____ Charge only for ATM withdrawals at machines we do not own (nonproprietary) after _____ per month (Enter number of transactions after which you charge.)
- i. No charge for any POS transactions (Skip to letter "m".)
- j. _____ Number of POS transactions per month which are free of charge
- k. \$ _____ Amount charged for all POS transactions
- l. \$ _____ Amount charged for POS transactions after the _____ per month (Enter number of transactions after which you charge.)
- m. \$ _____ Annual Card Fee
- n. \$ _____ Replacement Card Fee
- o. \$ _____ Nonsufficient Funds Fee
- p. \$ _____ Amount charged for each one-time debit overdraft
NOTE: Member must agree to overdraft fee before credit union can charge the fee.
- q. \$ _____ Other: _____

 BB. Health Savings Account (HSA) Debit Card Fees and Charges:

- a. No charge for any HSA debit card purchases (Skip to letter "d").
- b. \$ _____ Amount charged for HSA debit card purchases after _____ per month (Enter number of transactions after which you charge.)
- c. \$ _____ Amount charged for all HSA debit card purchases
- d. No charge for any ATM withdrawals (Skip to letter "i".)
- e. \$ _____ Amount charged for all ATM withdrawals
- f. \$ _____ Amount charged for ATM withdrawals after the _____ per month
- g. \$ _____ Amount charged only for ATM withdrawals at machines we do not own (nonproprietary)
- h. \$ _____ Charge only for ATM withdrawals at machines we do not own (nonproprietary) after _____ per month (Enter number of transactions after which you charge.)
- i. No charge for any POS transactions (Skip to letter "m").
- j. _____ Number of POS transactions per month which are free of charge
- k. \$ _____ Amount charged for all POS transactions
- l. \$ _____ Amount charged for POS transactions after the _____ per month (Enter number of transactions after which you charge.)
- m. \$ _____ Annual Card Fee
- n. \$ _____ Replacement Card Fee
- o. \$ _____ Nonsufficient Funds Fee
- p. \$ _____ Other: _____

 C. Telephone (Audio Response) Fees and Charges:

- a. None
- b. \$ _____ per transaction over _____ transactions
- c. \$ _____ Service Fee per _____
- d. \$ _____ Nonsufficient Funds Fee
- e. _____ Other: _____

 D. Preauthorized EFT Fees and Charges:

If you charge a Nonsufficient Funds Fee for overdrafts, you probably charge for preauthorized EFTs when there are not sufficient funds in the account. That should be listed here or on your fee schedule.

- a. None
- b. \$ _____ Nonsufficient Funds Fee
- c. _____ Other: _____

Questions?



**Electronic Fund Transfers Agreement and Disclosure (Reg E)
Order Request and Questionnaire**



Credit Union: _____

Contract/CUID #: _____

E. Online (PC) EFT Fees and Charges:

- a. None
- b. \$ _____ per transaction over _____ transactions
- c. \$ _____ Service Fee per _____
- d. \$ _____ Nonsufficient Funds Fee
- e. _____ Other: _____

F. Mobile Access Device EFT Fees and Charges:

- a. None
- b. \$ _____ per transaction over _____ transactions
- c. \$ _____ Service Fee per _____
- d. \$ _____ Nonsufficient Funds Fee
- e. _____ Other: _____

G. Bill Payment Fees and Charges:

- a. None
- b. \$ _____ per transaction over _____ transactions
- c. \$ _____ Service Fee per _____
- d. \$ _____ Nonsufficient Funds Fee
- e. _____ Other: _____

Credit Union: _____

Contract/CUID #: _____

STATE SPECIFIC QUESTIONS:

Please complete if your credit union resides in Illinois, Massachusetts or Minnesota.

Illinois Credit Unions Only:**Confirmation of Preauthorized EFTs.** Illinois law requires the credit union to disclose to members how they can confirm completion of a preauthorized EFT debit. The credit union must provide either a positive or negative confirmation. Indicate which confirmation your credit union provides:

- a. Positive Confirmation – Credit union will send notice to member when transaction is completed as scheduled.
- b. Negative Confirmation – Credit union will send notice to member when transaction is not completed as scheduled.

Massachusetts Credit Unions Only:**Minimum Balance Requirements.** Massachusetts law requires disclosure of a minimum account balance, if any, required as a condition for using an accepted access device or card. (This does NOT mean the \$5 membership share in the credit union.) State the minimum account balance required, if any, to obtain a card or access device (Select “a” or “b”).:

- a. None.
- b. Minimum balance of \$_____ is required in a _____ account to obtain an access device.

Rates on Accessed Accounts. Massachusetts law requires disclosure of the dividend/interest paid on accounts which may be used for electronic funds transfers. We have drafted the Agreement to cross-reference your Truth in Savings Disclosure which should be provided with your EFT Agreement. Indicate below whether any accessed accounts are dividend or interest bearing (Select “a”, “b”, or “c”):

- a. Dividend bearing (Federal credit unions may only have dividend bearing accounts.)
- b. Interest bearing (Massachusetts state-chartered credit unions may only offer interest bearing accounts.)
- c. Non-dividend/interest bearing accounts. (All accounts accessed by EFT are non-dividend or non-interest bearing.)

Minnesota Credit Unions Only:**Time Needed to Complete Terminal Transactions.** Minnesota law requires you to disclose the approximate amount of time it takes for each transaction initiated at a terminal to be completed and reflected in the cardholder’s account.**ATM Card Services:**

State the approximate amount of time needed to complete the following transactions at an ATM and have the transaction completed (posted to your account):

- | | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Cash Withdrawals _____ business days | <input type="checkbox"/> Loan Payments _____ business days |
| <input type="checkbox"/> Deposits _____ business days | <input type="checkbox"/> Other _____ business days |
| <input type="checkbox"/> Transfers _____ business days | |

State the approximate amount of time needed to make a purchase with your ATM card at a merchant terminal and have the transaction completed (posted to your account):

- _____ business days Other: _____

Debit Card Services:

State the approximate amount of time needed to complete the following transactions at an ATM and have the transaction completed (posted to your account):

- | | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Cash Withdrawals _____ business days | <input type="checkbox"/> Loan Payments _____ business days |
| <input type="checkbox"/> Deposits _____ business days | <input type="checkbox"/> Other _____ business days |
| <input type="checkbox"/> Transfers _____ business days | |

State the approximate amount of time needed to make a purchase with your debit card at a merchant terminal and have the transaction completed (posted to your account):

- _____ business days Other: _____

Reversal of Transactions. If you are permitting your cardholder to pay for goods or services by a transfer of funds through a terminal, under Minnesota law you must disclose whether such a transaction may be reversed by the cardholder and, if so, the procedure by which the reversal may be accomplished.

- a. Cardholder may not reverse any transactions.
- b. Cardholder may reverse a transaction in the following manner. “When using your card to pay for goods or services by transferring funds through a terminal, you can reverse the transaction by (e.g. returning the item): _____