KIOSK ACCESS APPLICATION

Prime Member Name: _____

Prime Member Address: _____

_____

Home Phone Number: _____

Prime Account Number: _____

PLEASE FILL IN THE FOLLOWING:

Kiosk Access Code (4-Digit): _____

By applying for Kiosk Access, I agree to the following conditions:

1) That I will not disclose my access code or otherwise make it available to anyone not authorized to sign my account.
2) AmeriCU Credit Union may terminate this agreement and my use of the Kiosk at any time and for any reason including but not limited to:
    a. If I (or any user of my access code) breach this or any other agreement with AmeriCU, or
    b. AmeriCU has reason to believe that there has been unauthorized use of my access code, or
    c. I notify AmeriCU that this agreement is cancelled, or
    d. I have caused AmeriCU Credit Union
3) I understand that all terms and conditions associated with my share account, share draft account or loan accounts are incorporated by this reference.
4) That all conditions and terms of the Electronic Funds Transfer Agreement were applicable, are incorporated by this reference.
5) That AmeriCU Credit Union has the right to change the terms and conditions of this agreement and I will be notified of such changes.
6) I authorized the Kiosk to do transfers within my account listed above.

X _____

Prime Member Signature **Date**

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