



APPLICATION FOR E-FUNDS ACCOUNT PRIVILEGE



I. CARDHOLDER INFORMATION

Unless otherwise noted, all fields are required and must be filled in to process this application

Last Name : _____ M I: _____ First Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 SSN #: _____ Date of Birth MM/DD Employee ID: _____
 Day Phone #: _____ Ext: _____ E-mail Address: (Optional) _____
 Evening Phone #: _____ FAX Number: (Optional) _____
 Mother's Maiden Name : _____

II. EMPLOYER USE ONLY

Please print clearly and complete all requested information

Company Name _____ Employment Verified By:
 Company _____ First _____ Last _____
 Address _____ Name _____ Name _____
 City _____ State _____ Zip _____ Processor's Signature _____
 Date _____
 Daily Withdrawal Limit: _____ Please select one of the following:
 MasterCard Classic Card

III. Cardholder

PLEASE SELECT ONE OF THE FOLLOWING ACCOUNT TYPES:

I. Authorization Agreement for Payroll Account

By checking this box, I am applying for a Chase e-funds Payroll account. I authorize **RFCUNY** to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase e-funds account (the "Account") at The Chase Manhattan Bank ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by **RFCUNY** from time to time in cash via an Automated Teller Machine (subject to certain daily withdrawal limits as discussed in the Chase e-funds Card Terms and Conditions), applicable Point of Sale ("POS") terminals and, if card bears the MasterCard logo, I may make purchases at any Merchant displaying the MasterCard logo. If I withdraw an amount greater than my Payroll Payment, I authorize Chase to automatically charge my account for the overdrawn amount at the time of the next Payroll Payment to my account.

II. Authorization Agreement for Expense Account

By checking this box, I am applying for a Chase e-funds Expense account. With this account I can access funds for travel, entertainment, petty cash and other activities authorized by **RFCUNY**. I acknowledge that these are my employer's funds and that I am liable for all uses of the Card, except as contemplated by the practices and policies of my employer.

By signing this application, I hereby authorize my employer to issue a Chase e-funds card to me. I agree to the Chase e-funds Card Terms and Conditions as set forth by The Chase Manhattan Bank, or any replacement terms and conditions sent or made available to me from time to time. I agree to abide by my employer's policies regarding use of this Chase e-funds account. I acknowledge receipt of a copy of the Chase e-funds Card Terms and Conditions now in effect.

Signature: _____ Date: _____

(Be sure to read the complete list of terms and conditions attached to this application).

For additional assistance call 1-888-606-7058 and
 A Chase *e-funds* Customer Service Representative will be happy to assist you