

1

Enter cardholder  
information  
(required)

### Cardholder Information (required)

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**First use of card constitutes agreement to the terms and conditions of the Cardholder Agreement that is provided with your DebitPass card, as well as to the fees at the bottom of this form.**

Federal law, including the USA Patriot Act, requires us to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents. The information is completely confidential and will not be divulged or used without your permission unless required by law.

2

Select a funding  
method and complete  
information

### Funding Method A: Cash

**When you receive your card, see your branch representative to load cash onto the card.**

### Funding Method B: Payroll Direct Deposit

**When you receive your card, provide your employer with your DebitPass account information.**

### Funding Method C: Account Transfer

**Transfer money from another account**

☐ **One-time**

☐ **Weekly** Specify day (i.e. Friday) \_\_\_\_\_ Start date \_\_\_\_\_

☐ **Bi-weekly** Specify day (i.e. 15th) \_\_\_\_\_ Start date \_\_\_\_\_

☐ **Monthly** Specify day (i.e. 1<sup>st</sup>) \_\_\_\_\_ Start date \_\_\_\_\_

**Type of account:** ☐ Checking/Share Draft ☐ Savings Amount \$ \_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_

**9 digit Routing/Transit #** (lower left corner of check) \_\_\_\_\_ (for savings account, contact your financial institution)

**Account#** (up to 17 digits) \_\_\_\_\_

Please allow 3-4 business days for the deposit to appear on your card

### Authorization for Elan-initiated ACH

I authorize Elan Financial Services and/or its authorized agent(s) ("Elan") to initiate regularly scheduled recurring transfers from the account and financial institution I have designated above to my DebitPass card. I agree that these directions to Elan to make a regularly scheduled transfer are my consent to use this payment service. Elan will provide the services that have been directed until such time as they are revoked or changed. *You have the right to change or withdraw your authorization to continue. To change or withdraw your consent, please contact us at 1-877-755-1474.*

Signature of account owner: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Present this completed form to your branch representative

#### FOR OFFICIAL USE ONLY – ATTENTION FINANCIAL INSTITUTION

**Will you originate the ACH for Funding Method 'C'** ☐ YES ☐ NO

**If yes, please provide:** Contact Name \_\_\_\_\_  
Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### Transaction Fees:

Service	Fee	Items Covered
<b>Free Services</b>	\$0	Purchases and cash back at POS, internet statements and balance inquiries, transaction inquiries, customer service.
<b>Electronic Transactions</b>	\$0.50	ATM inquiries and declines, balances or transfers using the automated phone system, internet transfers, electronic transfers from your account to your card.
<b>ATM Withdrawal</b>	\$1.25	Domestic ATM withdrawals. No additional surcharge at MoneyPass ATMs.
<b>Live Operator</b>	\$2.00	Balance inquiries and transfers.
<b>Optional Transactions</b>	\$4.00	International ATM withdrawals, branch cash advances, replacement cards, paper statements, check issuance, account dormancy.

Stewart's FCU

518-581-1201

3

Present this completed  
form to your branch  
representative

Customer Service  
Center fax:  
866-904-1408

Visa DP  
4315430090  
PCA7  
CDF2: MU039