



Business Account Application and Authorization Form

- New
 Change
 Other: _____

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 driver's license or other identifying documents.

How are you eligible for Membership?

Business Account Number:

Account Requests: <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Account Services: <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> Visa Debit Card for Authorized Card User <input type="checkbox"/> Checks <input type="checkbox"/> Other: _____	Money Services Business (Check All that Apply) <input type="checkbox"/> Currency Dealer or Exchanger <input type="checkbox"/> Check Cashers <input type="checkbox"/> Issuer of Traveler's Checks, Money Orders or Stored Value <input type="checkbox"/> Seller or Redeemer of Traveler's Checks, Money Orders or Stored Value Card <input type="checkbox"/> Money Transmitters <input type="checkbox"/> This business is not a Money Service Business
Business Structure (Check One): <input type="checkbox"/> Unincorporated Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other: _____	<input type="checkbox"/> Limited Liability Company Select Classification Code: <input type="checkbox"/> D = Disregard Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability <input type="checkbox"/> Limited Liability Limited

Business Information

Business Name / DBA	Tax ID Number/EIN	
Business Phone / Fax Number	Business Account Number	
Business Physical Street Address (No P.O. Box)	City, State, Zip	
Mailing Address (if different)	City, State, Zip	
Primary Source of Deposits to the Business Account:	What Other State(s) is the Business Registered In (if applicable):	
A brief description of the kind of business transacted or contemplated to be transacted in this state under this organization:	Does this business engage in Internet gambling?	Does this business engage in the production, storage or sale of marijuana for any purpose?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner/President/General Partner/Officer Information

Name		Member Account Number		
Title		Social Security Number		
Date of Birth		Home Phone	Cell Phone	
Identification Type	Identification Number	State/Country	Issue Date	Exp Date
Physical Street Address		City	State	Zip Code

SSN Certification and Backup Withholding:
 By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding
 I am not a U.S. citizen or U.S. person (complete W-8BEN)

Account Password (up to 8 characters): I understand that my password can be used as an alternative form of identification on my account. Credit Union Tellers, Member Service and Contact Center representatives may request the password when working with me on my account. I understand that this should be kept confidential and should be treated with the same level of security as a PIN.	eStatements: I understand, unless I request otherwise, I will be receiving electronic statements for all my accounts. By checking the box below, I am requesting paper statements, which will be mailed directly to my address on file. If I receive eStatements I will be required to confirm initial access via the Credit Union's online banking enrollment process. <input type="checkbox"/>
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Other Banking Relationships (If Applicable)

Name of Institution	Account Number
Street Address	City, State, Zip

Additional Authorized Representative(s)								
Representative Name			Title		Representative Name			Title
Social Security Number		Date of Birth			Social Security Number		Date of Birth	
Identification Type		Identification Number			Identification Type		Identification Number	
State/Country	Issue Date		Exp. Date		State/Country	Issue Date		Exp. Date
Physical Street Address				Physical Street Address				
City		State	Zip Code		City		State	Zip Code
Home Phone		E-mail Address			Home Phone		E-mail Address	

Authorized Debit Card User								
Authorized Card User's Name			Title		Authorized Card User's Name			Title
Social Security Number		Date of Birth			Social Security Number		Date of Birth	
Identification Type		Identification Number			Identification Type		Identification Number	
State/Country	Issue Date		Exp. Date		State/Country	Issue Date		Exp. Date
Physical Street Address				Physical Street Address				
City	State		Zip Code		City	State		Zip Code
Home Phone		E-mail Address			Home Phone		E-mail Address	

COMPANY ACKNOWLEDGES AND UNDERSTANDS THAT THE CARDS ISSUED UNDER THIS AGREEMENT TO AUTHORIZED REPRESENTATIVE(S) AND/OR AUTHORIZED CARD USER(S) WILL NOT BE TREATED AS CONSUMER CARDS UNDER THE PROVISIONS OF STATE AND FEDERAL LAW. MEMBER WILL NOT HAVE THE BENEFIT OF ANY LIMITATIONS OF LIABILITY WITH RESPECT TO THE UNAUTHORIZED USE OF PIN-BASED TRANSACTIONS. MEMBER ACCEPTS AND AGREES TO UNDERTAKE THE ADDITIONAL RISK ASSOCIATED WITH USE OF BUSINESS PURPOSE CARDS AND AGREES TO ASSUME THE GREATER MEASURE OF LIABILITY DESCRIBED IN THIS AGREEMENT.

Owner/President/General Partner/Officer's Initials

**Binding Effect and Membership Agreement
FOR THE SOLE PROPRIETORS**

I am the sole proprietor and Authorized Representative on behalf of the Company named in the signature line below and as set forth in the Application; and I agree:

FOR CORPORATIONS, PARTNERSHIPS, ASSOCIATIONS AND LLCs

I am the (pick one) clerk secretary general partner manager member authorized officer authorized signer.
The Authorized Representative(s) on behalf of the business (Company) named in the signature line below and as set forth in this Application, and/or any resolution given in connection with the Application, and Hereby certify that the following resolution was duly adopted by the (pick one) board of directors manager member, and agree:

That the Representative(s) on behalf of the Company is authorized to: (1) apply for the Credit Union's Business Debit Card; (2) designate the deposit accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and designate who may be authorized as a Debit Card user and (4) complete and execute all forms, documents, and agreements required by the Credit Union to use the services rendered herein.

By signing the Agreement the Representative(s) and Authorized Card User(s), on behalf of the Company, agrees as follows:
I certify that all the information in this Application is true and complete, and I agree that the Company is obligated to notify Credit Union of material changes to such information. The undersigned agree that the Credit Union may rely upon this Authorization until it is revoked or modified in writing by the Authorized Representative(s) named above, or by court order. Any successor representative(s) shall be required to execute a new Authorization and provide Credit Union with satisfactory evidence of the successor representative's entitlement and authority to act on behalf of the organization. The undersigned agree that all deposit account transactions shall be governed by the Credit Union's current deposit account contracts, rules and regulations, business account guidelines and fee schedules. The undersigned further agree that Credit Union shall have no duty to make inquiries or monitor any account activities, withdrawals, deposits, use of funds, or other actions of the representatives with respect to deposit accounts of the organization, or instruments payable to or from the organization. The undersigned further agree to remain personally liable to the Credit Union for any and all monies owed by the above-identified organization to the Credit Union and to indemnify and hold the Credit Union harmless from any and all loss, cost or damage incurred or suffered by the Credit Union at any time by reason of the Credit Union opening and/or maintaining a depository Account for or at the request of the undersigned. If the undersigned are more than one, each person signing below shall be jointly and severally liable to the Credit Union hereunder. Credit Union, its employees, agents, and assignees (1) are authorized to contact third parties to verify any information provided in connection with the Application, (2) may obtain credit reports, including consumer

credit reports, in connection with any account as to the Company, any Authorized Representative(s), or Authorized Card User(s), and (3) upon receipt of an appropriate request, tell the Company, Authorized Card User(s) and/or other User(s) whether a credit report was obtained and, if so, the name and address of the reporting agency that provided it. The Application will be and remains Credit Union's property.

Business Debit Card

I have read and accepted the **Terms and Conditions of Your Business Debit Card Services with the Credit Union** (Agreement) on behalf of the Company and all Authorized Representatives and Authorized Card Users. The Company agrees to be bound by the terms and conditions of the Agreement and such other agreements as may govern specific products or services. The Company further agrees that acceptance or use of any Access Device confirms the Company's acceptance of the terms and conditions governing the Account(s). I further certify that the resolution set forth above or provided with this Application was properly adopted on or prior to the date of the Application, submitted by the Company in accordance with (and in conformity with), the Company's governing documents, has not been modified or rescinded, and is in full force and effect. I hereby acknowledge that I assume all risks associated with the use of the Cards issued to the Authorized Users and will hold the Credit Union harmless against all claims arising from their use.

Membership Agreement

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Terms & Conditions Disclosure, Terms and Conditions of your Business Debit Card with the Credit Union, Business Account Binding Effect, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature(s) on this card apply to all accounts designated within this account application; and all information provided is true and correct. **I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time.** I acknowledge receipt of a copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

Account Ownership (APPLICABLE TO SOLE PROPRIETORSHIPS AND PARTNERSHIPS IF MULTIPLE AUTHORIZED REPRESENTATIVES ARE DESIGNATED ON THE FRONT OF THIS FORM): The owners intend to and do create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement and Business Authorization Form including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

I agree to review the full membership agreement and account disclosures available to print on CD-Rom and at ElevationsCU.com

Authorized Representative(s)

Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date

Authorized Debit Card User(s)

Any of the additional Authorized Card Users nominated below are authorized to make Debit card transactions including any pin-based transactions and/or signature-based transactions on this business account on behalf of the business. Card Users have access to the Scorecard Reward Program.

Authorized Card User's Signature	Print Name	Title	Date
Authorized Card User's Signature	Print Name	Title	Date

Certification of Taxpayer Identification Number

The taxpayer name and identification number to be used for any required reporting to the Internal Revenue Service (IRS) of interest earned or taxes withheld are:

_____ Taxpayer Name _____ Social Security Number or Employer Identification Number

For Credit Union Use Only

Revised 2/22/10

Date ___/___/___ ID Verified by _____ TIN Application Date ___/___/___ TIN Application Verified by _____ Member Eligibility _____

eFunds Verification: OFAC _____ SSN _____ ChexSystems _____ Supervisor Override Initials: _____

eFunds Comments: _____

Credit Bureau Date ___/___/___ Experian Trans Union

Other Non Documentary Information _____ Verified by _____

Membership Officer Signature _____

Account Opened: In Person By Mail Internet Indirect Lending Other: _____

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**ELEVATIONS CREDIT UNION
BUSINESS DEBIT CARD
AGREEMENT AND DISCLOSURES**

This Agreement explains the rules which govern your account(s) and account services with us. Please read this Agreement carefully and keep them in a safe and convenient place. All Credit Union services are further governed by the terms and conditions set forth in any other application or agreement we require; together with the Credit Union's Bylaws, policies and procedures, which are herein collectively referred to as "Agreement".

COMPANY ACKNOWLEDGES AND UNDERSTANDS THAT THE CARDS ISSUED UNDER THIS AGREEMENT TO AUTHORIZED REPRESENTATIVE(S) AND/OR AUTHORIZED CARD USER(S) WILL NOT BE TREATED AS CONSUMER CARDS UNDER THE PROVISIONS OF STATE AND FEDERAL LAW. MEMBER WILL NOT HAVE THE BENEFIT OF ANY LIMITATIONS OF LIABILITY WITH RESPECT TO THE UNAUTHORIZED USE OF PIN-BASED TRANSACTIONS. MEMBER ACCEPTS AND AGREES TO UNDERTAKE THE ADDITIONAL RISK ASSOCIATED WITH USE OF BUSINESS PURPOSE CARDS AND AGREES TO ASSUME THE GREATER MEASURE OF LIABILITY DESCRIBED IN THIS AGREEMENT.

- 1. Definitions:** In this Agreement the words "you" or "your(s)" means the Company or Commercial Entity with whom this Agreement is made together with all Representatives and Authorized Card Users as explained herein. "We," "us," or "our" means the Credit Union. "Authorized Card User" means any person who has actual, implied or apparent authority, or to whom any business account Representative has at any time given any information, access device or documentation that enables such a person to access, withdraw, make transactions to or from your accounts, or to use any of your account services. If any Authorized Card User authorizes anyone to use the Company's access device(s), that authority shall continue until you specifically revoke such authority by notifying the Credit Union in writing or as required by applicable laws. **This definition is intended to be construed broadly and includes without limitation all users acting under a written document such as a power of attorney as well as any person or entity that is authorized to make deposits or debits to or from your accounts with us.**
- 2. Liability and Promise to Pay:** Company agrees to be unconditionally and without limitation liable for all Transfers effectuated by use of the Visa Business Debit Cards, whether authorized or unauthorized, whether utilized by Authorized Card User(s) or some other person, and whether arising from cards lost, stolen, or counterfeited. All employees who are granted use of any Access Device(s) shall be deemed third party beneficiaries of the accommodation extended hereunder and of the terms and conditions of this Agreement.

The Credit Union will be liable only for its own gross negligence or willful misconduct and will not be responsible for any loss or damage arising from or in connection with: (1) any inaccuracy, act or failure to act on the part of any person not within our reasonable control, or (2) any error, failure, or delay in execution of any Transfer resulting from circumstances beyond our reasonable control, including, but not limited to, any inoperability of communications facilities or other technological failure. Provided we have complied with our obligations under this Agreement, you agree to indemnify, defend, and hold Credit Union harmless against any claim of a third party arising from, or in connection with, this Agreement or the service we provide hereunder. Credit Union shall have no liability for consequential, punitive, indirect or special damages under any circumstances. Credit Union shall not be liable for circumstances beyond its control, such as fire, flood, and other acts of God, that prevent a transaction from being completed.

- 3. Issuance of Cards and/or Access Device(s):** Card(s) and/or Access Device(s) (together "Access Device(s)") will be used by your employees, agents, or other persons to whom the Access Device(s) are provided (all of whom shall be deemed "Representative" or "Authorized Card User(s)" under the terms of this Agreement) to initiate withdrawals or transfers from your Company's account(s) via ATMs, *through participating Visa® merchants*, and other transactions using such Access Device(s). Company represents to the Credit Union that the Access Device(s) are intended to be used for business, commercial, or agricultural purposes, and not for personal, family or household purposes. The use of Access Device(s) for any consumer purpose is a breach of this Agreement and may result in the immediate termination of the Agreement.

Prior to using any Card, Company shall confirm to Credit Union that Company has received the Card and related Personal Identification Number ("PIN") in the manner stated in the materials that accompany the Card. Company agrees such verification procedures constitute a commercially reasonable means of verifying that the person who is using the Card is authorized to do so on behalf of the Company, whether or not any subsequent transaction made using the Card requires the use of the PIN. Credit Union is authorized to debit the Company's Account for each purchase, cash

withdrawal, or other transaction made with the Access Device(s), unless the Credit Union has received a Notice of Cancellation in the manner set forth below and the Credit Union has had a reasonable time to act on such notice. Company acknowledges that it is responsible for payment of all transactions arising from the use of the Access Device(s).

- 4. Requesting New/Additional Access Device(s):** Company may request that new Access Device(s) be issued to additional Authorized Card User(s) by completing a new Business Account Application and Authorization Form identifying all existing business account Representatives, Authorized Card Users and any new Authorized Card Users or account Representatives.

Company agrees (1) to instruct its Authorized Card User(s) to use the Access Device(s) only in accordance with this Agreement and any internal policies that Company may establish regarding the use of the Access Device(s); (2) that any policies that Company has established regarding the use of Access Device(s) have not been reviewed by and are not binding on Credit Union or any network that accepts the Access Device(s); (3) Company will maintain sufficient funds in the Account to cover transactions made with Access Device(s) and will indemnify and hold Credit Union harmless for any transaction made using the Access Device(s); (4) Company is solely responsible for the security of the Access Device(s) and for the actions of any person that Company permits to use the Access Device(s), and for all use of the Access Device(s) whether by an Authorized Card User or by another person, unless the Company has completed a new Business Account Application and Authorization Form identifying all Authorized Card Users for the business account, as set forth above and the Credit Union has had a reasonable period of time to act on the notice; and (5) there are no limits to the Company's liability if the Card or PIN is lost or stolen, except as set forth herein.

- 5. Consent to the Scope of Rules Governing these Service(s):** Company consents to be bound by the terms of this Agreement and any other agreements it has with Credit Union, together with all applicable state and federal laws and regulations, other industry rules and regulations, and normal banking customs and practices. This Agreement includes any Rules issued by third parties including but not limited to the National Automated Clearing House Association or VISA, which rules are incorporated herein by reference. In addition, this Agreement shall be governed by applicable operating circulars of any Federal Reserve Bank, any applicable federal laws and regulations. To the extent that the terms of any such third party agreements provide for specific processing, reporting or other time periods, or require you to make any claims or provide any notifications or responses, then the third parties' requirements and rules shall govern despite any other general or specific terms or conditions set forth in the entirety of this Agreement.

- 6. Notice Obligations of the Company:** Company shall immediately provide Credit Union with a notice that a Card has been lost, stolen, misplaced, or used without authorization, or that Company wishes to cancel or terminate a Card (any such notice is called "Notice of Cancellation"). Any Notice of Cancellation may be made by contacting the Credit Union, but Company shall follow any oral notice with a written notice confirming the oral notice within two (2) business days. Any Notice of Cancellation must refer to the Card number, and a written Notice of Cancellation must be addressed as follows:

Elevations Credit Union
P.O. Box 9004
Boulder, CO 80301-9004

The Company will use its best efforts to recover and terminate the Card, and to promptly return it to Credit Union. Credit Union will not be obligated to act on any oral or written Notice of Cancellation unless the notice has been delivered to the telephone number or mailing address set forth above, the notice has actually been received by the Credit Union and the Credit Union has had a period of not less than two (2) business days after actual receipt of a Notice of Cancellation to act thereon. Even after a Card has been cancelled, transactions for which Credit Union is responsible under applicable network rules may be posted to the Account.

- 7. Liability Protection Under Visa's Zero Liability Policy: These terms apply only to Signature Based transactions conducted via the VISA Network.** Company understands that Visa's Zero Liability Policy shall protect it against unauthorized Credit Union transactions that may be made with an Access Device "IF" the transaction(s) are processed as a signature based transaction (does not include pin-based transactions) through the VISA Network. Visa's Zero Liability Policy covers U.S. issued cards only and does not apply to commercial transactions not processed directly via the VISA Network. If Company suspects any Access Device(s) have been lost or stolen, Company may not be responsible for any unauthorized purchases if Company report the theft promptly. Upon notification from Company of unauthorized Business Debit Card transactions, Credit Union shall limit Company's liability for those transactions to zero unless (a) Company is found to have been negligent in the handling of it's Business Debit Card, (b) the transactions were performed by an authorized representative of Company, or (c) other reasons exist which justify that Company should be liable. The Credit Union requires such notification to be received within 60 calendar days of the mailing date of

the first statement showing any unauthorized VISA Network transaction(s). In evaluating Company's claim, Credit Union shall consider whether negligence on Company's part has contributed to the transaction(s) in question. Company may be responsible for a loss if, based on substantial evidence, it is reasonably determined that Company was negligent or fraudulent in the handling of any Access Devices or account. Credit Union may provide Company with provisional credit for unauthorized VISA Network transactions within five business days from receipt of notification. Additionally, Credit Union may require written confirmation of the unauthorized VISA Network transactions before providing any provisional credit.

8. **Overdrafts:** If the payment of an item does overdraw the Account, Credit Union may charge all or a portion of the item against any deposit account maintained with Credit Union by Company. Company agrees that Credit Union has the right to place an immediate hold on funds in any of Company's deposit accounts to pay for Card transactions which are subsequently presented to Credit Union for payment. If Credit Union pays a Card item which results in an overdraft of the Account, Company agrees to immediately deposit sufficient funds to cure the overdraft. Courtesy Pay applies to Business Visa Debit Cards.
9. **Visa Authorization Fee:** There is a charge when there are insufficient funds in your account to process a preauthorized payment, ATM withdrawals, or Point of Sale debit card transactions as set forth on the Fee Schedule.
10. **Statements:** Each month Company will receive an account statement showing, among other things, all debits made by use of the Access Device(s). Company agrees to promptly review the account statement and notify Fidelity in writing at the address indicated below of any disputes regarding any signature card transactions.
11. **Error Resolution Rules For Visa Business Debit Card:** If you need more information, or think your statement or receipt is wrong, or you have a merchant dispute or possible card fraud, write to **Fidelity Informational Services (FIS) at: Customer Service Department, P. O. Box 30495, Tampa, FL 33630-3495** on a separate sheet or fax to 727.570.8810 as soon as possible. FIS must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. You may telephone FIS at 1.800.600.5249, but doing so will not preserve your rights, and they may require your request in writing. Provide the following information in your written communication:
 - a. Include your name, address, telephone number, account number and card number for a disputed card transaction.
 - b. State the date and dollar amount of the suspected error.
 - c. Describe the error, item in question, or the transfer and explain as clearly as possible why you believe it is an error. If you need more information describe the item you are not sure about.
 - d. Include your signature.
12. **Special Rules for Provisional Credit for Visa Business Debit Card Transactions:** If you believe a signature Debit Card Transaction was unauthorized, we will re-credit your account within five business days for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing, we need not re-credit your account, or we may reverse any credit previously made to your account, until we have received your written statement. We may withhold provisional credit, to the extent allowed under applicable law, if the delay is warranted by the circumstances on your account.
13. **To Report Your Card Lost or Stolen:** Company agrees to promptly notify the Credit Union to report a lost or stolen Business Debit Card.

Lost Stolen Visa Business Debit Card:

Telephone: 303.443.4672 (during business hours), or 1.800.543.5073 (24 hours), or
International Lost or Stolen, call 727.570.4881 collect
Email Available on ElevationsCU.com
Mail Elevations Credit Union
P.O. Box 9004
Boulder, CO 80301-9004

14. **Disclosures to Others:** Credit Union will disclose information to third parties about your account: (1) where it is necessary for completing a transaction; (2) in order to verify the existence and condition of your account for a third party, such as a merchant; (3) in order to comply with a government agency or court order; (4) if you give us written permission; or (5) as otherwise required by applicable law.
15. **Lien to Secure Obligations:** Company grants Credit Union a consensual security interest in all of its deposit accounts to secure payment of all amounts owing at any time under this Agreement. Company authorizes Credit

Union to hold and apply funds in any of its deposit accounts maintained at Credit Union against any present or future indebtedness Company may have to Credit Union.

16. Termination: Credit Union shall have the right, at its sole discretion, to terminate Company's privileges hereunder. All cards shall be canceled effective upon termination of this agreement and Company shall return all cards to Credit Union. Company shall remain liable for all debits or other charges incurred or arising by virtue of the use of the Access Device(s) prior to the termination date.

17. Temporary Holds and Authorizations for Amounts in Excess of Transactions. To facilitate certain electronic transactions you make we may place temporary holds on funds in your accounts. These holds may be for periods of 36-hours or more; and are generally imposed by the transaction networks that process your payment requests. The Credit Union can neither control the parties with whom you do business nor regulate the processing of transactions through the commercial networks used to facilitate your transactions. Therefore, it is your obligation to insure that sufficient funds are on deposit at all times to cover the transactions you make, including the amount that may be subject to these holds. Pursuant to the processing network's rules a merchant (hotel, car rental company, retailer, etc.) may obtain authorization for up to 3 times the total estimated amount of your actual hotel stay, car rental or purchase. This is deemed to be an "authorized amount" by you and the authorized amount will not be available via your account for 36 hours or more after your bill is finally settled with such merchant(s), which can cause an insufficient funds situation in your account(s). Even if your bill is satisfied with another form of payment, the merchant/retailer may continue to hold the funds as originally authorized by you for these time periods. In order to avoid problems associated with these holds and authorizations, we recommend you not use your debit card when checking in at hotels or renting cars (which are the primary source of such holds/authorizations). Note: Using your debit card to settle your bill at departure should not subject you to these risks.

18. General Terms: Credit Union may from time to time amend the terms of this Agreement to the extent allowed by applicable federal and state law, which amendments shall apply to all transactions on your account(s). This Agreement and all services provided under this Agreement shall be governed by and construed in accordance with the laws of the State of Colorado. Company agrees that venue for any action brought under this Agreement shall be in the State and County where Credit Union maintains its Principal business offices. If any law or judicial ruling renders any term or condition of this Agreement unenforceable, the remaining terms and conditions shall remain in full force and effect. We reserve the right to waive enforcement of any of the terms set forth in this Agreement regarding any Transaction or series of Transactions. Any such waiver will not affect our right to enforce any of our rights with respect to any owner, user or other applicable person/party; or to enforce any of our rights with respect to other Transactions. Any such waiver shall not modify the terms and conditions of this Agreement.

19. Transaction Limitations and Fees:

a. **ATM Dollar Limitations**

You may withdrawal no more than \$500.00 per day through ATM access.

b. **ATM Operator/Network Fees** – When you use an ATM not owned by the Credit Union, you may be charged a fee by the ATM operator or any network used (and you may be charged a fee for a balance inquiry even if you do not complete a fund transfer).

20. International Transactions: If you incur a charge in a foreign currency or pursuant to or arising from any international transaction, the charge will be converted into a U.S. Dollar amount. Visa processing rules provide that the exchange rate between the transaction currency and the billing currency used for processing international transactions is:

A rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa receives, or the government-mandated rate in effect for the applicable central processing date, in each instance, plus or minus any adjustment determined by the issuer.

VISA imposes an International Service Assessment (ISA) fee of up to 1% on all card issuers for all cross-border international transactions. For purposes of this fee, a cross-border transaction shall include both (a) transactions initiated in a foreign country which are subsequently settled in the United States, and (b) transactions initiated in the United States but which are ultimately settled in a country outside of the United States. The ISA fee is charged directly to cardholders, and shall apply to all cross-border transactions regardless of whether actual currency conversion is involved. The Credit Union shall assess cardholders a 1% fee for all cross-border international transactions to reimburse the Credit Union for the VISA ISA fee it is required to pay for each of your transactions subject to these terms. The ISA fee will be shown separately on your periodic billing

statement. The currency transaction fee, if it applies to the transaction, will be included in the transaction amount on your statement.

- 21. Inappropriate Transactions:** You warrant and agree that you will not use any Credit Union Accounts or Services, including but not limited to loans, to make or facilitate any illegal transaction(s) as determined by applicable law; and that any such use, including any such authorized use, will constitute a breach of this Agreement. Certain federal and/or state laws or Third Party Service Providers' Rules may limit or prohibit certain transactions such as (but not limited to) those coded as possible gambling transactions. The Credit Union may decline to accept, process or pay any transaction that we believe to be illegal or unenforceable (regarding your obligation to pay us or otherwise) under applicable law; or which is otherwise limited or prohibited, including but not limited to any transaction involving or relating to any gambling activity. Such prohibition or limitations may affect some otherwise proper or allowable transactions such as debits, charges or other transactions at or relating to a hotel-casino. You understand and agree such limitations/prohibitions are not within the Credit Union's control and that the Credit Union will not have any liability, responsibility or culpability whatsoever for any such use by a Business Account Representative(s) or any Authorized Card User(s); or for declining to accept, process, or pay any such transaction. You further agree to indemnify and hold the Credit Union harmless from any suits, liability, damages or adverse action of any kind that results directly or indirectly from any such use of your account and/or access devices.
- 22. Amendments and Changes.** The Credit Union, in its sole discretion, may change any term or condition of this Agreement at any time without notice except as expressly required by applicable law, and any change in the Agreement shall be effective at the earliest time allowed by applicable law.
- 23. Conflict Between Agreements:** In the event of any conflict between the terms and conditions of this Agreement and the terms and conditions of the Credit Union Membership and Account Agreement (as hereafter amended), the terms and conditions of the Credit Union Membership and Account Agreement shall govern.