

**IMPORTANT NOTICE
ELECTRONIC FUND TRANSFER ACT
(Regulation E)**



DOCO Regional Federal Credit union, finding that the use of electronic systems to transfer funds provides the potential for substantial benefits to consumers, but that the unique characteristics of these systems make the application of existing consumer protection laws unclear, leaving the rights and liabilities of users of electronic fund transfer systems undefined, this disclosure is intended to carry out the protection of individual consumers engaging in certain electronic transfers provided by the credit union.

SECTION 1: Access device is not validated and how to dispose if validation is not desired.

You cannot use an access device such as a card, code, or combination thereof to access a consumer account for the transfer of money into or out of your account until it has been validated by the credit union. If you do not use the card, code, or any combination thereof, destroy the card by cutting it in half and/or properly disposing of these devices at once.

SECTION 2: Consumer liability for unauthorized transfer and optional disclosure of advisability of prompt reporting.

If you believe or have reason to suspect your card, code, or combination thereof has been lost or stolen, you may limit your possible losses to no more than \$50.00 by telephoning the credit union at the number herein within two (2) business days after you learn of the loss or theft of your card, code, or combination thereof and the credit union can prove that it could have stopped the unauthorized use of the device, you could lose as much as \$500.00. If your periodic statements show transfers that you did not make, notify the credit union at once. If you do not notify the credit union within sixty (60) days after the date the statement was mailed, you may lose any and all funds after the sixty (60) days if the credit union can prove that the loss could have been prevented had you notified the credit union in time. If a delay occurs in notifying the credit union due to extenuating circumstances, the specified time periods shall be extended to a reasonable time.

SECTION 3: Telephone number and address to be notified in event of unauthorized transfer.

If you believe or have reason to suspect your card, code, or combination thereof has been lost or stolen or that money has been or may be transferred from your account without your permission, contact the credit union immediately by mail at P.O. Box 71389, Albany, GA 31708-1389, via phone locally at (229) 435-1715, or toll-free at (800) 227-9180.

SECTION 4: Business days of institution.

The business days of the credit union are Monday through Friday, except for Federal holidays and except as practiced by local custom.

SECTION 5: Types of available transfers and limits of transfers.

You may use an access device issued to perform withdrawals from any and all accounts held by you in the credit union, subject to regulation. For security reasons, the frequency of withdrawals and/or the withdrawal limits may be limited to \$300.00 every twenty-four (24) hours.

SECTION 6: Charges for transfers or right to make transfers.

We will charge you \$1.00 for each transfer you make using non-proprietary authorized automatic teller machines in Georgia and states outside of Georgia. When you use your card to access an American Express Travelers Cheque automatic teller machine, you will be charged 1% of the amount of transfer.

SECTION 7: Account Information to third parties.

The credit union will only disclose information to third parties about your account or transfers you make:

1. Where it is necessary to complete transfers, or
2. In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, or
3. In order to comply with government agency or court orders, or
4. If you give written permission.

(NOTE TO MEMBER: Please retain above disclosure for your records)

ATM CARD APPLICATION

(Please Print)



Member Name _____ Account Number _____

Joint Owner Name _____

Street Address _____

City/State/Zip _____ Phone Number _____

By signing below I acknowledge that I have read and agreed to the above disclosures related to my DOCO Regional Federal Credit Union ATM card.

Member Signature Date Joint Owner Signature Date

OFFICE USE ONLY

Authorized by Date