



Cryovac Federal Credit Union "VIRTUAL BRANCH/BILL PAY" Application

Last Name _____ First _____ MI _____ Member # or Social Security # _____

Current Address _____ City _____ State _____ Zip Code + 4 _____

E-Mail Address _____

VIRTUAL BRANCH

List below all accounts in which you are a joint owner and would like to have access online. Give a description for each account you have listed. *We will not pass any of your account numbers over the internet, nor will any of our employees ask you for any account numbers over the internet.*

Examples of some account descriptions you might like to use: CHECKING, SAVINGS, TRUCK LOAN, HOME LOAN, etc. No more than 20 characters may be used including blanks. Do not repeat account descriptions or use special characters.

Account # _____ Account Description _____ Allow Transfers Yes No

Account # _____ Account Description _____ Allow Transfers Yes No

Account # _____ Account Description _____ Allow Transfers Yes No

PLEASE READ BEFORE SIGNING

I certify that the information provided is true and correct. I authorize Cryovac Federal Credit Union to verify any information included in this application and allow access to all accounts listed above on which I am a joint owner. The use of Virtual Branch shall be governed by the printed terms and conditions of the Virtual Branch AGREEMENT AND DISCLOSURE and such other terms and conditions or amendments thereto, as may be established by Cryovac Federal Credit Union and communicated to me in writing.

By the above indication you are acknowledging your enrollment in Virtual Branch Online Banking and by signing below, you agree to the same terms stated above and accept receipt of the Virtual Branch Agreement and Disclosure statement.

AUDIO RESPONSE (ART)

I wish to apply for the Audio Response (ART) service for the account(s) listed above.

PLEASE READ BEFORE SIGNING

The default PIN is the last four (4) digits of your social security number and you will be required to choose a new PIN when your first access ART. The PIN number chosen must not be disclosed or made available to anyone not authorized to access the account. If the PIN is lost, stolen or forgotten, call the office immediately. A new PIN will be issued to you. For security reasons, member PINs are not maintained at the credit union.

By completing and signing an application/agreement below, I apply for a Cryovac Federal Credit Union Personal Identification Number for use with Audio Response by way of a touch-tone phone. You agree to the same terms and conditions stated above.

E-STATEMENTS

I wish to apply for the E-Statement service for the account(s) listed above.

PLEASE READ BEFORE SIGNING

By choosing E-statements, you authorize Cryovac Federal Credit Union to deliver statements of your Cryovac Federal Credit Union account(s) by electronic means. You understand and agree by requesting electronic delivery, you **WILL NOT** receive statements in paper form delivered by regular United States Postal Service mail. If an email notification of e-statements is returned undeliverable, we will change your account statement status to paper and it will be your responsibility to reapply for e-statements.

By the above indication you are acknowledging your enrollment in E-Statements, and by signing below, you agree to the same terms stated above and accept receipt of the E-Statements Agreement and Disclosure statement.

BILL PAY

I would like to pay bills from the following checking account (s): _____ (excludes Money Market and Money Trust Accounts)

Checking Account #: _____ Checking Account #: _____

PLEASE READ BEFORE SIGNING

I would like to enroll in Cryovac Federal Credit Union's Virtual Branch Bill Payment service. I understand I will be responsible for determining the payee of such payments, the scheduled pay date, the account to be used for bill payment and the availability of funds in my account. I understand any payment made without sufficient funds in my account will be returned and my account will be charged overdraft fees. I also understand electronic bill payment may take the form of a check and may take up to 5 days to reach the payee. Cryovac Federal Credit Union is not liable for late charges or other penalties associated with late receipt of my payment by the payee other than that liability described in the Bill Pay Agreement and Disclosure Statement. I understand Bill Pay is a free service and I must use this service as intended. No Bill Activity for 90 days constitutes "inactive" status and the Bill Pay Service will be terminated. I further understand that upon my request for reinstatement of this service I will be charged a re-activation fee of \$25.00 and the 90 day active use provision will apply on reinstatement. If at any time I desire to discontinue Virtual Branch Bill Pay, I may do so upon written notification to Cryovac Federal Credit Union, P.O. Box 338 (803 N. Maple St.), Simpsonville, SC 29681, Attention: Virtual Branch Department.

By the above indication you are acknowledging your enrollment in Bill Pay, and by signing below, agree to the same terms stated above and accept receipt of the Virtual Branch Bill Pay Agreement and Disclosure Statement.

Member Signature _____ Date _____

Please mail or fax completed form to: Virtual Branch Department, Cryovac Federal Credit Union, 803 N. Maple St., Simpsonville, SC 29681. Fax: 864-967-1495

FOR CREDIT UNION USE ONLY:

Staff Name: _____ Date Received: _____

Staff Name: _____ Date Entered: _____ Date Letter Sent: _____

**VIRTUAL BRANCH, BILL PAY AND ELECTRONIC STATEMENTS
TERMS AND CONDITIONS**

THE FOLLOWING TERM AND CONDITIONS govern the manner in which Cryovac Federal Credit Union will provide Virtual Branch and Bill Pay (virtual branch) services to you:

Our Virtual Branch Department is available during the following hours at (864) 967-1540 (Simpsonville, SC Area) or (800) 468-5153 (Toll Free) from 8:00 am to 4:30 pm EST weekdays. After hours and weekends, calls will be answered by voice mail.

Mail may be addressed to:

Cryovac Federal Credit Union
Attn: Virtual Branch Department
Post Office Box 338, 803 North Maple Street
Simpsonville, SC 29681

E-mail can be addressed to:
CFCU@cryovacfcu.com

VIRTUAL BRANCH/BILL PAY

The first time you use your security code to obtain a Virtual Branch service, you will be consenting to the terms of this agreement. The only way you can cancel your Virtual Branch access is by written instructions to us at the address above.

Federal law limits to six per month the number of transfers by Virtual Branch from your savings account or money market account assuming you have no other electronic transfers or withdrawals from your savings account or money market account.

Agreement Regarding the Use of Virtual Branch

You understand you are responsible for the safekeeping of your security code and for all transactions by the use of Virtual Branch. You understand that your security code is not transferable, and you will not disclose the security code or permit any unauthorized uses thereof. Furthermore, if you disclose your security code to anyone, you understand that you have given that person access to your account via Virtual Branch and that you are responsible for any such transaction. You further agree to notify Cryovac Federal Credit Union immediately and send written confirmation if your security code is disclosed to anyone who is not authorized to use your account.

You understand that Cryovac Federal Credit Union reserves the right to discontinue access to Virtual Branch without notice and will not be liable for failure to honor any Virtual Branch transactions. You understand that any transaction made after 5:00 p.m. (Eastern Standard Time) will be processed the following business day. A withdrawal by check, requested on a given business day, will be processed the following business day. You understand the total dollar amount of transactions via Virtual Branch is subject to limits set by us, and sufficient verified funds must be available to satisfy your transaction instructions. Not all quoted balances may include current day activities, including items that have not cleared.

Bill Payment Services through Bill Pay

You must have a checking account to use Cryovac's Bill Pay services. You authorize us to utilize third parties to provide the bill payment services to you on our behalf.

Payment of taxes or court directed payments via the Bill Pay is prohibited.

We reserve the right to refuse to make any payment but will notify you of any such refusal within two (2) business days following receipt of your payment instruction.

Funds will be sent to your selected merchant as close as reasonably possible to the date designated by you in your payment instruction (payment date). Subject to the terms and conditions of this Agreement, you authorize us, and any third party acting on our behalf, to choose the most effective method to process your payment, including, without limitation, electronic, paper or some other draft means. For each properly instructed payment to an eligible merchant, you will receive a transaction confirmation.

The payment date indicated by you must always be a business day. If it is not, the payment date will be deemed to be the first business day following the date indicated.

WE SHALL NOT BE LIABLE FOR ANY FAILURE TO MAKE A PAYMENT, INCLUDING ANY FINANCE CHARGES OR LATE FEES INCURRED AS A RESULT. IT IS ALSO IMPORTANT THAT THE PAYMENT DATE BE FIVE OR MORE BUSINESS DAYS BEFORE THE MERCHANT DUE DATE, SINCE THE TIME FOR US TO PROCESS YOUR PAYMENT VARIES ACCORDING TO THE PARTICULAR MERCHANT. SUBJECT TO THE LIMITATION DISCUSSED BELOW, IF YOU FOLLOW THE PROCEDURES DESCRIBED IN THIS AGREEMENT FOR PAYMENTS, AND YOU ARE ASSESSED A PENALTY OR LATE CHARGE, WE WILL WORK WITH THE PAYEE ON YOUR BEHALF TO ATTEMPT TO HAVE ANY LATE FEES OR CHARGES REVERSED, BUT ANY RESULTING CHARGES ARE STILL YOUR RESPONSIBILITY.

IN THE EVENT THAT YOU DO NOT ADHERE TO THE OBLIGATIONS SET FORTH IN THIS AGREEMENT OR YOU SCHEDULE A PAYMENT LESS THAN FIVE BUSINESS DAYS BEFORE THE DUE DATE, YOU WILL BEAR FULL RESPONSIBILITY FOR ALL PENALTIES AND LATE FEES AND WE WILL NOT BE LIABLE FOR ANY SUCH CHARGES OR FEES.

Under no circumstances will we be liable if we are unable to complete any transactions or payments initiated in a timely manner via the Home Banking or Bill Paying Services because of the existence of any one or more of the following circumstances:

1. You do not obtain confirmation at the time you initiate a bill payment.
2. Be designated Account does not have sufficient funds available to complete the transaction or payment.
3. The money in your account is subject to legal process or other claim.
4. You have closed the designated account.
5. We have identified you as a credit risk and have chosen to (i) make all bill payments initiated by you utilizing a paper, as opposed to electronic method, or (ii) to terminate your subscription to the Bill Pay services.
6. The Virtual Branch services, your equipment, the software or any other communications link is not working properly.
7. You have not provided us with the correct information for those merchants to whom you wish to direct a payment.
8. The merchant mishandles a payment sent by us.
9. Circumstances beyond our control (such as, but not limited to, fire, flood, or interference from an outside force)

WE ARE NOT RESPONSIBLE FOR ANY OTHER LOSS, DAMAGE OR INJURY, WHETHER CAUSED BY YOUR EQUIPMENT OR SOFTWARE, THE VIRTUAL BRANCH SERVICES, OR ANY TECHNICAL OR EDITORIAL ERRORS CONTAINED IN OR OMISSIONS FROM ANY USER GUIDE RELATED TO THE SERVICES. WE SHALL NOT BE RESPONSIBLE FOR ANY DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGE ARISING IN ANY WAY OUT OF THE INSTALLATION, USE OR MAINTENANCE OF YOUR EQUIPMENT, SOFTWARE OR THE SERVICES, EXCEPT WHERE THE LAW REQUIRES A DIFFERENT STANDARD.

Bill Payment Cancellation/Modification

You may cancel or modify a bill payment up to 2:00 p.m. Eastern Time (ET) the same business day you schedule for payment.

No Bill activity for 90 days constitutes "inactive" status and the Bill Pay service will be terminated. I further understand that upon my request for reinstatement of this service, I will be charged a re-activation fee of \$25.00 and the 90 active use provisions will apply on reinstatement.

Monthly Statements

All transactions made via the Virtual Branch will be listed on your monthly statement that you receive from us. From time to time, we may introduce new services or enhance the existing services. We shall notify you of the existence of these new or enhanced services. By using these services when they become available, you agree to be bound by the obligations concerning these services, which will be sent to you.

Care of Your Bill Pay Password and Security

You agree that you will not give your bill payment security code or make it available to any other person. If you believe that your security code has been lost or stolen, or that someone has made bill payments using your security code without your permission, notify us IMMEDIATELY by phone any time during Member Service hours or send an electronic message through the Virtual Branch.

Your Liability for Unauthorized Bill Payments

If you believe that your security code has been lost or stolen, notify us IMMEDIATELY as provided above in order to keep your possible losses to a minimum. If you notify us within two (2) business days after the loss or theft, your maximum liability is \$50.00.

If you do NOT notify us within two (2) business days after you learn of the loss or theft of your security code, and we can prove that we could have prevented someone from using your security code if you had told us in time, your maximum liability is \$500.00.

If your monthly statement from us contains payments that you did not make, notify us IMMEDIATELY. If you do not notify us within sixty (60) days after the statement was mailed to you, you may not get back any of the money you lost or we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a hospital stay or a long trip) prevented you from telling us, we may at our discretion extend the time.

Bill Payment or Home Banking Transaction Errors and Questions

Contact us as soon as possible at either the address or telephone number described earlier if you think that a Bill Pay or Virtual Branch transaction listed on your monthly statement from us is in error. If you need more information about a Bill Pay transaction listed on the statement. We must hear from you no later than sixty (60) days after you received the first statement on which the problem or error occurred. When you call or write us, you must:

1. Tell your name and User ID.
2. Describe the Bill Pay or Virtual Branch transaction you are unsure about (merchant name, account information, transaction date, transaction amount) and explain as clearly as you can why you believe it is an error or need more information.
3. Tell us the dollar amount of the suspected error. If you tell us orally, or by using the Virtual Branch electronic mail, we may require that you send your complaint in writing within ten (10) business days. We will tell you the result of our investigation within ten (10) business days after we receive your complaint and will correct any Bill Pay or Virtual Branch transaction error promptly. If we need more time, we may take up to forty-five (45) days to investigate the complaint or question. If we decide to do this, we will re-credit your account within ten (10) business days after we hear from you, for the amount, you think is in error in order that you may have use of the money during the time it takes to complete our investigation. If we ask you to put your question or complaint in writing and we do not receive it within ten (10) business days, we may not re-credit your account.

If we decide there was no error, we will mail or transmit to you a written explanation within three (3) business days after we have completed the investigation, and within ten (10) business days of the date of such explanation, we will debit from your account the amount previously re-credited to you for use during the time we took to complete our investigation. You may ask for copies of documents used during our investigation.

Disclosure of Account Information to Third Parties

We will not disclose information to third parties about your accounts unless:

1. When it is necessary for completing Virtual Branch transactions,
2. To verify the existence and condition of your account for a third party such as a credit bureau or a Merchant;
3. In order to comply with a government agency or court order; or
4. If you give us your permission.

Charges

Virtual Branch services are offered to you with the following fees:

1. Virtual Branch Monthly Fee FREE
2. Bill Pay Monthly Fee FREE (unlimited number of bills)

In the event, we are unable to process a Bill Payment transaction: (if, for example, there are insufficient funds in Your designated accounts) the transaction will result in a "failed payment". In such event we will charge the total cost of the transaction, including the \$20 "Service Charge NSF" fee, to you. In the event of repetitive failed payments, we reserve the right to suspend your rights to the Bill Pay. Suspension may be without prior notice to you. If you suspended, transactions, which were previously initiated, may continue to be processed unless canceled and confirmation of such cancellation is provided as specified below. In the event of your rights to Bill Pay are suspended, we will notify you by mail to your listed address. With respect to any failed payment, you agree to reimburse us within fourteen (14) days after notice is sent to you, for any funds we have already paid to one or more of your designated merchants that we were unable to recover by debit to the merchant or charge to you.

Additional Terms and Conditions

1. In addition to the foregoing, you agree to be bound by and comply with the requirements of applicable state and federal laws and regulations. We agree to be bound by them, as well.
2. We reserve the right to terminate your use of the Virtual Branch & Bill Pay, in whole or in part, at any time without prior notice.
3. If you wish to cancel virtual branch services, you must notify us in writing. You will be responsible for all bill payments you have requested prior to termination and for all other charges, fees, and taxes incurred. BE SURE TO CANCEL ALL OUTSTANDING PAYMENT ORDERS BEFORE YOU NOTIFY US TO TERMINATE BILL PAY SERVICE. WE WILL NOT BE LIABLE FOR PAYMENTS NOT CANCELED OR MADE DUE TO THE LACK OF PROPER NOTIFICATION BY YOU OF BILL PAYMENT SERVICE TERMINATION.
4. These Terms, Conditions, applicable fees, and charges may only be altered or amended by us. In such event, we shall send notice to you at your listed address or transmit notice of the alteration or amendment over the virtual branch & bill pay. Your use of the virtual branch and bill pay, you and we agree to resolve this dispute by looking to these Terms and Conditions. These Terms and Conditions shall supersede any and all other representations made by you or our employees. These Terms and Conditions shall be governed by and construed in accordance with the laws of the State of South Carolina. Business Days are Monday through Friday excluding normal banking holidays.

Request and Agreement for Electronic Delivery of Statements

This is a request to have the statements of your account(s) with CRYOVAC FEDERAL CREDIT UNION delivered to you electronically in accordance with the above consent.

1. After your e-statement account is set up, depending on the volume of requests received, we may not be able to set up your account for the first statement cycle following your request.
2. You may receive a paper statement the first month that you activate the E-statements option; however, after that you will no longer be receiving statements by mail.
3. On or shortly following the first day of each month, (as long as we have a valid email address) you will receive an e-mail message that your e-statement is now available, along with instructions on how you can obtain your e-statement.
4. Statement notifications can be sent to only one e-mail address. For example, the notification cannot go to both a work and home e-mail address.
5. It is your responsibility to notify CRYOVAC FEDERAL CREDIT UNION anytime you should have a change in your e-mail address. If our e-statement alert is returned as undeliverable, we will make a reasonable attempt to redeliver your email notice electronically. If you do not provide us with an updated email address, you may continue to access your e-statements through the electronic banking service. However, we may discontinue sending e-statement notifications and we reserve the right to terminate your e-statement services.
6. If you have more than one CRYOVAC FEDERAL CREDIT UNION account under a separate member number, you need to submit a request for each account.
7. If you are a joint owner of accounts of other family members, you may elect to also have those statements delivered electronically. You must submit a separate request for each joint owner account.

You have the right, at any time and without charge, upon 10-day notice, to withdraw this consent for electronic delivery of your account statements and again receive them by mail. You may withdraw your consent by electronic mail from your e-mail address of record with CRYOVAC FEDERAL CREDIT UNION or by written and signed request.

The credit union strongly advises that you save your e-statement to your personal computer or print out a copy of your e-statement for your records. The credit union will keep a 12-month history of your e-statements online at anytime. Requests for copies of older statements may incur a fee for the service.

This Agreement is the contract, which covers your and our rights, and the responsibilities concerning Cryovac Online and e-statement services offered to you.