



## CARDHOLDER AGREEMENT

I/we, the applicant(s), in consideration of **Crest Savings Bank (YOU, YOUR)** issuing to me a **Crest Savings Bank Debit Card** (hereafter referred to as **CARD**), hereby agree to be legally bound by the following terms and conditions. **MASTERCARD** and **ACCEL**, hereafter referred to as the **NETWORKS**.

**1. Accounts and uses of Crest Savings Bank Debit Card.** I have the account(s) with you set forth on my application form. I hereby request that you issue to me one or more **CARDS** to be used in connection with such accounts as described in this Agreement.

I may use the **CARD** at **ATMs** (automated teller machines) throughout the United States and, upon request, in certain foreign countries which bear the **NETWORKS** to (1) make withdrawals from, (2) effect transfers to or from, (3) receive information regarding the balance in my accounts.

I further understand that I may use the Crest Savings Bank Debit Card at any retail establishment (Merchant) where MasterCard is accepted to purchase goods and services and/or obtain cash where permitted by the Merchant (purchase). If the merchant transaction is processed using the Debit capability no Personal Identification Number (PIN) is required to authenticate and validate the transaction. If I use the **CARD** to make a Purchase, I shall be requesting you to withdraw funds in the amount of such Purchase (including any cash received from the Merchant) from my primary checking account designated on my application form and directing or ordering you to pay such funds to the Merchant.

I request that you provide to me such additional services or access to other **ATM** systems or networks using the **CARD** which **YOU** may make available and which **YOU** advise me are offered in connection with my account(s) set forth on my application form. I also understand that from time to time I may request in writing that you provide access to additional accounts of mine through the **CARD** you have issued to me. I agree that the uses of the **CARD** described in this Agreement shall be subject to the rules and regulations for each account which is accessed by such **CARD**.

**2. Use of PIN with the CARD.** I understand that the **ATM NETWORKS** is an automated teller. It can and will perform many of the same tasks as a human teller. I acknowledge that the **PIN** which I use with the **CARD** is my signature, identifies the bearer of the **CARD** to the **NETWORKS** or other network **ATM** and authenticates and validates the directions given just as my actual signature and other proof identify me and authenticate and validate my directions to a human teller. I also understand that a Merchant which accepts the **CARD** for a purchase transaction may have an electronic terminal (Merchant operated or self-service) which requires the use of my **PIN** and when my **PIN** is used at a Merchant's terminal, it will authenticate and validate my directions given just as my actual signature will authenticate and validate my directions given to you. I acknowledge that my **PIN** is an identification code that is personal and confidential and that the use of the **PIN** with the **CARD** is a security method by which **YOU** are helping me to maintain the security of my account(s). Therefore, I **AGREE TO TAKE ALL REASONABLE PRECAUTIONS THAT NO ONE ELSE LEARNS MY PIN**.

**3. Liability for Unauthorized Transactions.** I **AGREE TO CONTACT YOU AT ONCE** if I believe the **CARD(s)** issued to me or my **PIN** has been lost or stolen or money is missing from my account(s). I also agree that if my monthly statement shows transactions which I did not make, and I do not contact **YOU** within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I **AGREE THAT IF I GIVE MY CARD(S) AND PIN TO SOMEONE ELSE TO USE, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(S) BY THEM**.

**4. How to Contact Crest Savings Bank.** **CONTACT CREST SAVINGS BANK IMMEDIATELY** if you believe your Crest Savings Bank Debit Card or **PIN** has been lost or stolen. Telephone Crest Savings Bank at 609-522-5115 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday. To report a **LOST** or **STOLEN** Crest Savings Bank **CARD** after regular business hours, call 1-800-472-3272. If you notice unauthorized transactions on your statement, if you think a statement or receipt is wrong, or if you need more information about a Purchase listed on a statement or receipt, call 609-522-5115 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday (excluding bank holidays), or immediately write to:

Crest Savings Bank  
3301 Pacific Avenue  
Wildwood, NJ 08260

**5. Charges.** I agree to pay the charges or transaction fees which are charged by **YOU** for these services or for services which may later be offered as such fees or charges may be imposed or changed from time to time.

**6. Liability.** If the **CARD** is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and the agreement for such account.

I agree that if I make deposits to my account(s) with items other than cash (checks, drafts or other items) and you make funds available to me from such deposits prior to their collection, that you may deduct the amounts of such funds from my account(s) which are not collected or, if the funds in my account(s) are insufficient at such time, I will promptly pay to you any amount of such funds which are not collected.

**7. Amendment of this Agreement.** I agree that from time to time you may amend or change the terms of this Agreement including amendments or changes to add further **CARD** services or to amend or change the charges for these services. You may do so by notifying me in writing of such amendments or changes and my use of the **CARD** after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

**8. Ownership.** I agree that the **CARD** is **YOUR** property and I will surrender it to **YOU** upon your request. I agree that the **CARD** is non-transferable.

**9. Disclosures.** I hereby acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act and a copy of this Agreement.

# NOTICE OF ATM/NIGHT DEPOSIT FACILITY USER PRECAUTIONS

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As with all financial transactions, please exercise discretion when using an automated teller machine ("ATM") or night deposit facility. For your own safety, be careful. The following suggestions may be helpful.

1. Prepare for your transactions at home (for instance, by filling out a deposit slip) to minimize your time at the ATM or night deposit facility.
2. Mark each transaction in your account record, but not while at the ATM or night deposit facility. Always save your ATM receipts. Don't leave them at the ATM or night deposit facility because they may contain important account information.
3. Compare your records with the account statements you receive.
4. Don't lend your ATM card to anyone.
5. Remember, do not leave your card at the ATM. Do not leave any documents at a night deposit facility.
6. If you lose your ATM card or if it is stolen, promptly notify us. You should consult the other disclosures you have received about electronic fund transfers for additional information about what to do if your card is lost or stolen.
7. Protect the secrecy of your Personal Identification Number (PIN). Protect your ATM card as though it were cash. Don't tell anyone your PIN. Don't give anyone information regarding your ATM card or PIN over the telephone. Never enter your PIN in any ATM that does not look genuine, has been modified, has a suspicious device attached, or is operating in a suspicious manner. Don't write your PIN where it can be discovered. For example, don't keep a note of your PIN in your wallet or purse.
8. Prevent others from seeing you enter your PIN by using your body to shield their view.
9. Don't accept assistance from anyone you don't know when using an ATM or night deposit facility.
10. When you make a transaction, be alert to your surroundings. Look out for suspicious activity near the ATM or night deposit facility, particularly if it is after sunset. At night, be sure that the facility (including the parking area and walkways) is well lighted. Consider having someone accompany you when you use the facility, especially after sunset. Defer your transaction if circumstances cause you to be apprehensive for your safety. You might consider using another ATM or night deposit facility.
11. If you notice anything suspicious or if any other problem arises after you have begun an ATM transaction, you may want to cancel the transaction, pocket your card and leave. You might consider using another ATM or coming back later.
12. Close the door of any ATM equipped with a door.
13. Don't display your cash; place withdrawn cash securely upon your person before exiting the ATM. Count the cash later when you are in the safety of your own car, home, or other secure surrounding.
14. At a drive-up facility, make sure all the car doors are locked and all of the windows are rolled up, except the driver's window. Keep the engine running and remain alert to your surroundings.
15. We want the ATM and night deposit facility to be safe and convenient for you. Therefore, please tell us if you know of any problem with a facility. For instance, let us know if a light is not working or there is any damage to a facility. Please report any suspicious activity or crimes to the operator of the facility and the local law enforcement officials immediately.

Direct complaints concerning ATM security to the operator or the Department of Banking at the phone numbers listed below.

**Department of Banking**  
(609) 292-7272