

Taiwanese Canadian Toronto Credit Union Limited

多倫多台灣信用合作社

3636 Steeles Avenue East Suite 305, Markham Ontario L3R 1K9

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ATM CHIP CARD APPLICATION (提款卡申請表)

ACCOUNT NO. _____

FULL CARD NO. 62944120890000 _____

I hereby make application for ATM Card, agreeing to confirm the bylaws and amendments thereof

Card Holder Name: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> (Full Spelling) 英文全名	Name of Card Holder: 中文姓名:
Date of Birth: 出生日期	Driver License No. 駕照號碼
Member Card DEBIT CARD INDEMNIFICATION AGREEMENT: I acknowledge that the provision of a Debit Card and Personal Identification Number (PIN) to the above Member is a benefit to me, and in consideration of the Credit Union having so provided a Debit Card and PIN at my request, I promise to indemnify the Credit Union for all Liability of the Cardholder to the Credit Union outstanding from time to time under this Agreement. I agree that the Credit Union shall be at liberty to act as though I were the holder of the debit Card and the owner of the PIN and may treat me as the person primarily liable under this Agreement. I expressly waive any and all rights I might otherwise have as surely, either at law or in equity. RECEIPT OF COPY OF AGREEMENT I acknowledge the receipt of a true copy of this agreement signed by me upon initiation of PIN based Debit Card service and acknowledge further that this agreement does not require signature by the Credit Union to be effective and binding on both parties. I also agree to keep a copy of this agreement for my own records. THE AGREEMENT: In consideration of my credit union providing me with the use of a Credit Union electronic transaction card (the Debit Card), a Personal Identification Number (PIN) for use with the Debit Card, and the right to use the Debit Card for such purpose as may be authorized by my Credit Union from time to time, I agree to the conditions of the Debit Card/Personal Identification Number Agreement (the Agreement) printed on the reverse of this page.	
Card Status: New Card <input type="checkbox"/> Replacement Card <input type="checkbox"/> Card No.: _____	Signature: 申請人簽名 Date (日期):
Signature Witnessed by: 見證人簽名	Date of ATM Card Issued: 發卡日期
FOR OFFICE ONLY: 1. P.A.: _____ Offset No.: _____ 2. Non-Bond: Yes <input type="checkbox"/> No <input type="checkbox"/> A/C Type: _____	

*** With Sufficient Fund in Accounts. ***

- Qualification for issuing ATM Cards:
 - Accounts: S11, C01, C05(Sole Proprietor), C08, C09, C14.
 - Age: The minimum age of **12 years old**
 - Membership: Single or Joint Membership, and Sole Proprietor.
- Daily limits:
 - Cash dispensing daily limit: **\$300**
 - EFT-POS Daily limit: **\$300**
- Pin Retries: **3 times only**