

Kent Hospital

Employees' Federal Credit Union



Office Hours

Monday thru Friday 9am – 4pm

Monday, Wednesday & Friday 7am – 8am

Phone: (401) 737-7010 ext. 31337

Fax: (401) 736-1964

www.kenthospitalcu.com

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www.facebook.com/kenthospitalcu

Welcome

to our Credit Union.

In this booklet you will find all the pertinent information that you will need in regards to all your financial needs. If you have any questions feel free to contact the Credit Union at 737-7010 Ext. 31337.

ACCOUNT DISCLOSURE-MEMBER

Upon receipt of this disclosure, I agree to the terms and conditions of any account that I have in the Credit Union now or in the future and agree that the credit union may change the terms and conditions from time to time.

The Kent County Memorial Employees' Federal Credit Union Board of Directors may change the dividend rate on any of the Credit Union's accounts during any or each of its monthly meetings.

Continued use of your account indicates your receipt of and agreement to these terms and conditions disclosed in this Account Disclosure. You agree that the Credit Union, its agents, or service companies may monitor and/ record any telephone communications with you to ensure quality. You understand that if you cause the Credit Union a loss, your account(s) could be closed, including share, share draft, or share certificates. For your protection, proper identification may be required for any account transaction.

USA PATRIOT ACT NOTICE

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to 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 will also ask to see your driver's license/valid picture ID or other identifying documents.

CONSUMER REPORT AND CREDIT REPORT AGREEMENT

By signing the membership application's disclosure section, I authorize Kent County Memorial Employees' Federal Credit Union to check my credit history including verification of information requested. Copies of your paystub may be required. A negative credit history may disqualify you from some services. All funds advanced to you will be subject to the terms and conditions of KCMH Credit Union's Agreements.



Upon receipt of this Disclosure by signing I agree to Kent County Memorial Hospital Employees' Federal Credit Union's Account Disclosures terms and conditions, USA Patriot Act, and Consumer Report and Credit Report Agreement.

Member Name (Printed): _____

Account Number: _____

Member's Signature: _____

Date: _____

SERVICES OFFERED

- ✓ Convenient Payroll Deduction
- ✓ Direct Deposit
- ✓ Overdraft Protection
- ✓ 24 Hour ATM Machines
- ✓ Member of the Credit Union Connection
- ✓ 24 Hour Touch Tone Phone Teller
- ✓ (401)-736-1976
- ✓ Online Banking
- ✓ Online Bill pay
- ✓ E-Statements
- ✓ VISATravel Cards
- ✓ VISA Gift Cards
- ✓ Notary Public Services
- ✓ Savings Insured to \$250,000.00 NCUA
- ✓ Free ATM/ Debit Master Card

ACCOUNT OPTIONS

- ✓ Share Savings Accounts
- ✓ Share Draft Checking Accounts
- ✓ Certificates of Deposit
- ✓ Christmas Club Accounts
- ✓ Vacation Club Accounts
- ✓ Business Checking

LOANS

- ✓ Personal Loan
 - Bill Consolidation
 - Tuition
 - Home Improvement
 - Vacation
- ✓ Personal Line of Credit
- ✓ Home Equity Loan
- ✓ New & Used Auto
- ✓ Boats, Campers, Trailers & Motorcycles
- ✓ Shares Pledged Loans
- ✓ Mortgage (Affiliate of Allanach Mortgage)

FEE SCHEDULE

Checking Account-Net Check Deposit	_Free
Checking Account - Other	_____ 10.00
Insufficient Funds	_____ 30.00
Uncollected Funds Return	_____ 30.00
Stop Payment	_____ 25.00
Deposit History	_____ 3.00
Copy of Check	_____ 5.00
Copy of Statement	_____ 5.00 first month 2.50 each additional month
Returned Deposit Item	_____ 7.50
Early Club Close	_____ 5.00
Cashier's Check	_____ 3.50
Stop Payment Cashier's Check	_____ 25.00
Research Per Hour	_____ 20.00
Wire Transfers Domestic	_____ 20.00
Wire Transfers International	_____ 30.00
ATM/Debit Card Replacement	_____ 10.00
Savings Overdraft Transfer Fee	_____ 3.00
Business Checking	_____ 12.00
Abandoned Property	_____ 10.00
Use of Other ATM's	_____ 1.50
Return Mail	_____ 5.00

YOUR ABILITY TO WITHDRAW FUNDS AT KENT HOSPITAL EMPLOYEES' FEDERAL CREDIT UNION

Our policy is to make funds from your deposits available to you on the first business day after the day we receive your deposit. At that time, you can withdraw the funds in cash and we will use the funds to pay checks that you have written.

For determining the availability of your deposits, every day is a business day, except Saturdays, Sundays, and federal holidays. If you make a deposit before 2:00 p.m. on a business day that we are open, we will consider that day to be the day of your deposit. However, if you make a deposit after 2:00p.m. or on a day we are not open, we will consider that the deposit was made on the next business day we are open.

Longer delays may apply

In some cases, we will not make all of the funds that you deposit by check available to you on the first business day after the day of deposit. Depending on the type of check that you deposit, funds may not be available until the seventh business day after the day of your deposit. However, the first \$100 of your deposits will be available on the first business day.

If we are not going to make all of the funds from your deposit available on the first business day, we will notify you at the time you make your deposit. We will also tell you when the funds will be available. If your deposit is not made directly to one of our employees, or if we decide to take this action after you have left the premises, we will mail you the notice by the day after we receive your deposit.

If you will need the funds from a deposit right away, you should ask us when the funds will be available.

In addition, funds you deposit by check may be delayed for a longer period under the following circumstances:

- We believe a check you deposit will not be paid.
- You deposit checks totaling more than \$5,000 on any one day.
- You redeposit a check that has been returned unpaid.
- You have overdrawn your account repeatedly in the last six months.
- There is an emergency, such as failure of communications or computer equipment.

We will notify you if we delay your ability to withdraw funds for any of these reasons, and we will tell you when the funds will be available. They will generally be available no later than the 3rd business day after the day of your deposit.

Special rules for new accounts

If you are a new customer, the following special rules will apply during the first 30 days your account is open.

The first \$5,000 from a deposit of U.S. Treasury checks will be available on the first business day after the day of your deposit. The excess over \$5,000 will be available on the ninth business day after the day of your deposit. Funds from wire transfers in to your account will be available on the first business day after the day we receive the transfer.

Funds from deposits of cash and the first \$5,000 of a day's total deposits of cashier's certified, teller's traveler's and state and local government checks will be available on the first business day after the day of your deposit if the deposit meets certain conditions. For example, the checks must be payable to you (and you may have to use a special deposit slip). The excess over \$5,000 will be available on the ninth business day after the day of your deposit. If you do not make the deposit in person to one of our employees, the first \$5,000 will not be available until the second business day after the day of your deposit.

NOTICE OF PRIVACY PRACTICES FOR CREDIT UNION MEMBERS

Important Information About the Personal Data Your Credit Union Collects, and How It Is Used

To assure the continued privacy and confidentiality of your personal financial information, your credit union observes these practices and procedures:

INFORMATION WE COLLECT

We collect nonpublic information about you from some or all of the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from a consumer reporting agency

INFORMATION WE DISCLOSE

We do not disclose any nonpublic personal information about our members and former members to affiliates or nonaffiliated third parties except as permitted by law.

OUR SECURITY MEASURES

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.

Credit Union members and the public may receive copies of this notice of privacy practices by contacting the credit union.

This notification meets the notification requirements of the National Credit Union Administration regulation on privacy of consumer information, Part 716.

MASTERMONEY™ DEBIT CARD

At Kent EFCU we realize you are likely to have questions about Kent Hospital EFCU MasterMoney™ Debit Card. This brochure provides answers to some of the questions you may have. But, if you have additional questions, please feel free to call us at 401-737-7010 x1337.

What is a Kent Hospital EFCU MasterMoney™ Debit Card?

A MasterMoney™ Debit Card is a widely accepted alternative to writing a check. You can use your Kent Hospital EFCU MasterMoney™ Debit Card to pay for purchases at any merchant displaying the MasterCard® logo - at no additional cost. The purchase price will be deducted from your Checking Account, however, funds must be available in your account for the transaction to be approved.

If my Kent Hospital EFCU MasterMoney™ Debit Card can be used as a ATM card, do I still have to carry my old ATM card?

No. Your new Kent Hospital EFCU MasterMoney™ Debit Card also functions as your ATM card. Please destroy your old ATM card.

How do I activate my NEW Kent Hospital EFCU MasterMoney™ Debit Card?

For security reasons your NEW Kent Hospital EFCU MasterMoney™ Debit Card must be used at an ATM before you may make purchases. Simply go to an ATM and process a transaction. You will need to key in your NEW Personal Identification Number (PIN). Remember that all transactions processed at Kent Hospital EFCU ATM's are free.

Why should I use my Kent Hospital EFCU MasterMoney™ Debit Card?

Because it's faster and easier than writing a check. There are many times and places where check-writing can be a nuisance; for example, the grocery store express lane. The Kent Hospital EFCU MasterMoney™ Debit Card transactions are roughly five times faster than writing a check. It gets its speed by eliminating the need for check approval and identification verification. The funds will be deducted from your Checking Account, but without the typical hassles.

Where would I use my Kent Hospital EFCU MasterMoney™ Debit Card?

Use it where ever MasterCard® is accepted - places like the grocery store, your favorite retailer, gas stations or your favorite restaurant, just to name a few. In fact, there are over 14 million places across the country and around the world that accept MasterCard®. That's 14 million places where your Kent Hospital EFCU MasterMoney™ Debit Card will come in handy!

How do I use it?

It's easy! To deduct the price of your purchase from your Checking Account, give the merchants the Kent Hospital EFCU MasterMoney™ Debit Card, the merchants will swipe your Kent Hospital EFCU MasterMoney™ Debit Card through a merchants on-line-point-of-sale device to verify that funds are available in your account. Within seconds the merchant receives authorization and will ask you to sign a receipt.

Will sales clerks know how to process my transaction?

Yes. If the company accepts MasterCard®.

What if I'm given a choice of buttons to push at the merchant's terminal?

Always push CREDIT. You may need to choose between a Debit button and a Credit button. If you press Debit, you will be asked to enter your personal identification number (PIN) and you may pay a fee. If you always push Credit, you will simply sign a receipt and pay no transaction fees.

Can I use my Kent Hospital EFCU MasterMoney™ Debit Card to place catalogue orders over the phone?

Yes. If the company accepts MasterCard® and funds are available in your Checking Account.

What do I do if I want to return something I purchased with my Kent Hospital EFCU MasterMoney™ Debit Card?

Take all returns back to the place you purchased them, just like you do now when paying with cash, check or credit card.

When I use my Kent Hospital EFCU MasterMoney™ Debit Card, am I borrowing money?

NO! Although the MasterCard® logo is shown on the front of the card, it is **NOT A CREDIT CARD**. Funds always are deducted directly from your Checking Account.

How do I know where I can use it as an ATM card?

If at least one of the logos displayed at an ATM or point of sale location match any of the logos on your card, you can use it! For example, you can use your card at any ATM that displays the NYCE® or Cirrus® logos.

Won't this make balancing my checkbook a headache?

The Kent Hospital EFCU MasterMoney™ Debit Card transactions appear on your monthly Checking Account statement, just like the check you write. Remember to deduct your transactions in your checking register each time you use your Kent Hospital EFCU MasterMoney™ Debit Card.

My spouse and I have a joint account. We share one checkbook, so will we have to share one card too?

No. Both of you can have a Kent Hospital EFCU MasterMoney™ Debit Card. Each card has a unique number but both will access your Joint Checking Account.

Am I protected if my Kent Hospital EFCU MasterMoney™ Debit Card is lost or stolen?

Yes. Just as with regular ATM cards, if you report a lost or stolen card within the next two business days, your liability is limited to \$50.00. If you do not report loss or theft within this time frame, you could be responsible for up to \$500.00. Treat your Kent Hospital EFCU MasterMoney™ Debit Card just like you treat your ATM card - like cash. If your card is lost or stolen, report it to us IMMEDIATELY at 401-737-7010 x31337 during business hours.

Changes MasterCard Zero Liability Protection Effective October 17, 2014

Effective October 17, 2014 MasterCard is making the changes to its zero liability policy. These limitations on liability for unauthorized transfers are in addition to limitations on liability established by federal law. The changes are as follows:

- MasterCard limitations will apply to all transactions conducted with a MasterCard branded card, including PIN- based transactions (these are currently not covered).
- You must promptly notify us upon becoming aware of a loss or theft as a condition for \$0 liability (within 2 business days).
- If you do not exercise reasonable care to safeguard your card from the risk of loss or theft or you do not promptly notify us of a loss or theft, the MasterCard limitations on liability will not apply limitations established by law may still apply.

MASTER MONEY CARD AGREEMENT

1. Issuance of Card. You have requested Credit Union to issue you a Card that can be used to access funds in your Account. The Credit Union will issue you a PIN that must be used with the Card for transactions that require use of a PIN. Do not reveal your PIN number to anyone else or write it down where it is available to others.

2. Responsibility for Transactions. You are responsible for all transactions you make with the Card or that you authorize another person to make with the Card. If the Account is a joint account, all transactions involving the Account are jointly and severally binding on all Account holders. Section 9 below tells you about your responsibility for unauthorized transactions.

3. You may use the Card and PIN to:

- withdraw cash from your Account at ATMs, merchants, or financial institutions that accept Mastercards
- transfer funds between your checking and savings with the Credit Union

You may use the Card without the PIN to:

- purchase goods or services at places that accept Mastercards (these are point of sale or POS transactions)
- order goods or services by mail or telephone from places that accept Mastercards
- make automatic payments from your Account to pay bills or other charges, providing that the person or organization that you are paying agrees to accept payments this way

Some of these services may not be available at all terminals. When using your Card, a merchant may require you to process the debit card transaction, you must press the "Credit" button on the keyboard the merchant gives you. The "Debit" button is for on-line transactions, but transactions with your Card are not processed on-line. They are processed like credit card transactions so you must press the "Credit" button. (Most merchants do not currently use these keyboards, but they are common in certain parts of the U.S.)

Use of the Card, the Account number on the Card, the PIN or any combination of the three for payments, purchases, or to obtain cash from

merchants, financial institutions or others who honor Mastercards is an order by you for the withdrawal of the amount of the Transaction from your Account. Each Transaction with the Card will be charged to your Account on the date the Transaction is posted to your Account.

Use of the Card is subject to the terms and conditions of your account and any future changes to your Account may affect your use of the Card.

4. Overdrafts. You promise to pay the Credit Union immediately upon demand for any negative (overdraft) balance arising in your Account, unless you have available overdraft privileges. If you do not have overdraft privileges, the Credit Union may deduct the amount of any overdraft on your Account from any other account you have with the Credit Union, except a certificate of deposit.

5. Limitations on Dollar Amounts and Frequency of Transactions. The following limitations apply to the use of the Card:

6. Charges for Transactions.

Right to Receive Documentation of Transactions.

- You will receive a receipt at the time you make any transfer to or from your Account using an ATM or point of sale terminal.
- You will be sent a monthly Account statement showing the Transactions made with the Card unless there are no Transactions in a particular month. In any case, you will be sent a statement at least quarterly.

7. Business Days. The business days of the Credit Union are: Monday thru Friday, 9:00 AM to 4:00 PM. Holidays are not included.

8. Disclosure of Account Information to Third Parties. The Credit Union will disclose information to third parties about your Account or the Transactions you make:

- (1) when it is necessary for completing transactions; 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 agencies or court orders;

or

- (4) if you give us your written permission.

9. Liability for Unauthorized Transactions. Tell the Credit Union **AT ONCE** if you believe your Card has been lost or stolen. Telephoning is the best way of keeping your possible losses down. You could lose all the money in your Account. If you tell the Credit Union within two (2) business days, you can lose no more than \$50.00 if someone used your Card without your permission.

If you do **NOT** tell the Credit Union within two (2) business days after you learn of the loss or theft of your Card, and the Credit Union can prove it could have stopped someone from using your Card without your permission if you had told the Credit Union, you could lose as much as \$500.00.

Also, if your statement shows transfers that you did not make, tell the Credit Union at once. If you do not tell the Credit Union within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after the sixty (60) days if the Credit Union can prove that it could have stopped someone from taking money if you had told it in time.

If a good reason (such as a long trip or a hospital stay) kept you from telling the Credit Union, the same periods will be extended.

10. How to Notify the Credit Union in the event of an Unauthorized Transaction. If you believe the Card or PIN has been lost or stolen or that someone has transferred or may transfer money from your Account without your permission call: 401-737-7010 ext. 31337.

11. Right to Stop Preauthorized Payments and Procedure for Doing So. If you have arranged in advance to have regular payments made from your Account, you can stop any of these payments. Here's how: Call the Credit Union in time for us to receive your request three (3) business days or more before the payment is scheduled to be made. If you call, the Credit Union may also require you to put your request in writing and get it to us within ten (10) days after you call.

12. Liability for Failure to Stop Payment of Preauthorized Transfer. If you order the Credit Union to stop one of these payments three (3) business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

13. Notice of Varying Amounts. If the preauthorized payments may vary in amount, the person you are going to pay will tell you, ten (10) days before each payment, when it will be made and how much it will be. You may choose instead to get this notice only when the payment would differ by more than a certain amount from the previous payment, or when the amount would fall outside certain limits you set.

14. Refusal to Honor Card. The Credit Union is not liable for the refusal or inability of any electronic terminal to honor the Card or to complete a withdrawal from your Account, or for their retention of the Card. The Credit Union is also not responsible for the refusal of any merchant or financial institution to honor the Card or for their retention of the Card.

15. Liability for Failure to Make Transfers. If the Credit Union does not complete a transfer to or from your Account on time or in the correct amount according to the Credit Union's agreement with you, the Credit Union will be liable for your losses or damages. However, there are some exceptions. The Credit Union will NOT be liable, for instance—

- If, through no fault of the Credit Union's you do not have enough money in your Account to make the transfer.
- If you have overdraft protection with the Credit Union and the Transaction would exceed your overdraft protection limit.
- If the automated teller machine where you are making the transfer does not have enough cash.
- If the terminal or system was not working properly and you knew about the breakdown when you started the transfer.
- If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- If your Account is subject to legal process or other claim.
- If you use damaged or expired access device or an access device that has been reported lost or stolen.
- If the Credit Union believes that something is wrong, for example, that your Card has been stolen.
- For preauthorized transfers, if through no fault of the Credit Union, the payment information for a preauthorized transfer is not received.

16. Rule of Account. All Transactions covered by this Agreement are also subject to all rules and agreements that govern the Account(s) being debited or credited in connection with a Transaction, except as modified by this Agreement.

17. Foreign Transactions. Transactions that are initiated in foreign countries and foreign currencies will be charged to your Account in U.S. Dollars. The conversion rate to dollars will be at: (i) the wholesale market rate, or (ii) the government mandated rate, whichever is applicable, in effect one (1) day prior to the processing date, increased by one percent (1%).

18. Effect of Agreement. Even though the sales, cash advance, or other slips that you sign or receive when using the Card or the Account number on the Card may contain different terms, this Agreement is the sole Agreement that applies to all Transactions involving the Card.

19. Additional Benefits/Card Enhancements. The Credit Union may from time to time offer additional services to your account. Some may be at no additional cost to you and others may involve a specified fee. You understand that the Credit Union is not obligated to offer such services and may withdraw or change them at any time.

20. Change in Terms. The Credit Union may change this Agreement from time to time by giving you written notice. If any change results in greater cost or liability to you or decreases access to your Accounts, you will be given at least twenty-one (21) days prior notice of the change.

21. Termination of Account. The Credit Union reserves the right to cancel your Card at any time. You also may cancel your Card at any time. The Card remains the property of the Credit Union. If either you or the Credit Union cancels your Card, you agree to return the Card to the Credit Union or destroy it upon the Credit Union's request.

22. No Waiver. The Credit Union can delay enforcing any of its rights under this Agreement and the law any number of times without losing them.

23. Statements and notices. Statements and notices will be mailed to you at the most recent address you have given the Credit Union. Notice sent to any one of you will be considered notice to all.

24. General. You agree to pay all reasonable expenses including attorney fees incurred by us in order to collect what you owe us, or to enforce the terms and conditions of this agreement.

TRUTH-IN-SAVINGS DISCLOSURE STATEMENT SHARE ACCOUNT

Rate Information - The dividend rate and annual percentage yield may change every month. We may change the dividend rate for your account as determined by the board of directors.

Compounding and crediting - Dividends will be compounded every day. Dividends will be credited to your account quarterly.

Dividend period - For this account type, the dividend period is quarterly, for example, the beginning date of the first dividend period of the calendar year is January 1, and the ending date of such dividend period is March 31. All other dividend periods follow the same pattern of dates. The dividend declaration date follows the ending date of a dividend period, and for the example above is April 1. If you close your account before dividends are paid, you will not receive the accrued dividends.

Minimum balance requirements - The minimum required to open this account is the purchase of a share in the credit union. The par value of a share in this account is \$5.00. You must maintain a minimum daily balance of \$25.00 in your account each day to obtain the disclosed annual percentage yield.

Daily balance computation method - Dividends are calculated by the average-daily-balance method which applies a daily periodic rate to the balance in the account each day.

Accrual of dividends on non-cash deposits - Dividends will begin to accrue on the business day you place non-cash items (for example, checks) to your account.

Fees - The categories of transactions for which an overdraft fee will be imposed are those overdrafts created by any of the following: checks/share drafts, in-person withdrawals, debit card or point-of-sale purchases, ATM withdrawals, preauthorized automatic debits and ACH transactions, Bill Pay transactions, or by other electronic means.

Transaction limitations - No transaction limitations apply to this account.

REGULATION E GENERAL DISCLOSURE STATEMENT AND ELECTRONIC FUND TRANSFER (E.F.T.) CARD HOLDER AND ACCOUNT AGREEMENT

Dear Member,

This document includes a General Disclosure Statement and an Electronic Fund Transfer ("EFT") Cardholder and Account Agreement. We are providing you with the General Disclosure Statement in the event that you subscribe to electronic banking services or you apply for a Kent Hospital Credit Union 24-Hour Automatic Teller Machine (ATM) Card & MasterMoney Debit Card, with services such as obtaining money from, or transferring money between, your account (s). In this agreement the words, "you" and "your" refer to the person named on the application for the services involved. The words, "we", "us", and "our" refer to Kent Hospital Credit Union. The EFT Cardholder and Account Agreement explains the services available to you and, together with the General Disclosure Statement, set forth your rights and responsibilities in connection with the use of the Card and Services. These constitute a legally binding contract, and by choosing a personal identification Number (PIN) or using the card or requesting Electronic Banking Services, you agree to comply with their terms.

I. GENERAL DISCLOSURE STATEMENT

In addition to any other agreement applicable to such services, the following terms and conditions govern these services and are being provided to you in accordance with federal and state law.

1. Unauthorized Transfers and Advisability of Prompt Reporting

- (a) **Prompt Reporting.** Tell us AT ONCE if you believe your Card or PIN has been lost or stolen or that someone has transferred or may transfer money from your accounts without your permission. Telephoning is the best way of keeping your losses down: (you should confirm your call in writing).

Call: (401) 737-7010 ext. 31337 or write:

Kent Hospital Credit Union
455 Toll Gate Road
Warwick, RI 02886

Attention: EFT Department

- (b) Your Liability for losses is as Follows:

- (1) If you notify us within two (2) Business Days after you learn of loss or theft of the Card or PIN, or unauthorized transfer, and we can prove that we could have stopped someone from using the Card or PIN without your permission, you may be liable for as much as \$500.00. Also, if your statement shows transfers that you did not make, tell us at once. If you do not tell us within sixty (60) days after the Statement was mailed to you, you may not get back any money you lost after the sixty (60) days if 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 long trip or a hospital stay) kept you from telling us, we will extend the time periods.

2. Address and Telephone Number

If you believe your Card or PIN has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call at once:

(401) 737-7010 ext. 31337 or write:
Kent Hospital Credit Union
455 Toll Gate Rd.
Warwick, RI 02886
Attention: EFT Department

If you telephone you should confirm in writing.

3. Our Business Days

Our business days are Monday through Friday, excluding holidays

4. You May Use Your Card To

(a) withdraw cash from your checking and statement savings account.

(b) transfer funds between your checking and statement savings account.

(c) check the balance in your checking and statement savings account.

Some of these services may not be available at all terminals or with all cards.

(1) **Limitations on Dollar Amounts You May Transfer.** The limits on the dollar amounts you may transfer differ depending on which terminals you use. At some terminals you may transfer up to \$500.00 and at others, \$100.00 each day. Except, for security reasons, these limits may be reduced to \$50.00.

(2) **Limitations on Transactions**

At terminals you may use your Card to withdraw funds on any one Business Day up to a specified amount that will be established by the Credit Union (your "Parameter Amount"). On days which are not Business Days (such as weekends or holidays) your Parameter Amount may be withdrawn during the period beginning 4:00 p.m. on the day before the weekend or holiday begins and extending until 4:00 p.m. on the day after the weekend or holiday ends. You may not use your Card for a transaction that would cause the outstanding balance of any accounts to be less than zero or for obtaining any amounts in excess of your Parameter Amount. Nor may the Card be used to transfer money to or from accounts which do not have or which are not "designated accounts". We shall not be required to complete any transactions, but, if we do, you agree to pay any excess amount of any improperly withdrawn or transferred amount immediately upon request from us. We may impose additional restrictions or limitations on the use of the Card when we believe they are necessary to safeguard the Card against misuse.

5. Fees

We reserve the right to impose and vary existing fees for all our Electronic Fund Transfer services in the amounts indicated on the accompanying fee schedule as amended from time to time.

6. Documentation of Transfers

(a) Terminal Transfers.

You will get a receipt at the time you make any transfer to or from your account using any Electronic Banking Terminal which may be incorporated within our system.

(b) PreAuthorized Credits.

If you have arranged to have direct deposits made to your account at least once every sixty (60) days from the same third party (such as a company or government agency) and the third party does not tell you that the deposit has been sent, you can call us at the following number to find out whether the deposit has been made:

1.) For direct deposit inquiries to your savings or checking account, call (401)737-7010 ext. 31337

(c) Periodic Statement

You will receive a monthly statement concerning activity on your account or accounts designated for your Kent Hospital Credit Union 24-Hour ATM transactions.

- (d) Any documentation provided to you which indicates that an electronic fund transfer was made shall be admissible as evidence of such transfer and shall constitute prima facie proof that such transfer was made.

7. Your Ability to Stop Payment

UNLESS OTHERWISE PROVIDED IN THIS DOCUMENT, YOU MAY NOT STOP PAYMENT OF ELECTRONIC FUND TRANSFERS: THEREFORE, YOU SHOULD NOT EMPLOY ELECTRONIC ACCESS FOR PURCHASES OR SERVICES UNLESS YOU ARE SATISFIED THAT YOU WILL NOT NEED TO STOP PAYMENT.

8. Our Liability if We Fail to Make Certain Transfers

Our liability if we fail to complete electronic transfers is governed by federal and state law. The following is a summary of that law and is provided for your information. It is not intended to affect our or your rights under the law. If we do not complete a transfer to or from your accounts on time or in the correct amount according to the agreement applicable to such transfers when you have properly instructed us to do so, we will be liable to you for damages which you prove are directly caused by our action. However, there are some exceptions to our liability. We will not be liable, for instance:

- (a) If, through no fault of ours, you do not have enough money in your account to make the transfer;
- (b) If we are legally restricted from transferring the funds in your account;
- (c) If circumstances beyond our control (such as fire or flood) prevent the transfer despite reasonable precautions that we have taken;
- (d) If the Electronic terminal where you are making the transfer does not have enough cash;
- (e) If the Electronic Terminal or system was not working properly and you knew about the breakdown when you started the transfer;
- (f) If the EFT Cardholder Agreement has been terminated; or
- (g) There may be other exceptions.

9. When We May Disclose Information To Third Parties Concerning Your Accounts.

In order that your privacy may be protected, we will not disclose any information about you or your account to any person, organization or agency except:

- (a) For certain disclosures necessary for the completion of a transfer;
- (b) For verification of the condition and existence of your account for a third party such as a credit bureau.
- (c) To persons authorized by law in the course of their official duties;
- (d) To our employees, auditors, service providers, attorneys or collection agents in the course of their duties;
- (e) Pursuant to a court order or lawful subpoena;
- (f) By your written authorization.

10. In Case of Errors or Questions About Your Electronic Transfer

Telephone us at: (401)737-7010 ext. 31337

Monday through Friday (excluding Holidays) between 9:00 a.m. and 4:00 p.m.

or write to us at:

Kent Hospital Credit Union
455 Toll Gate Rd.
Warwick, RI 02886

Attention: EFT Department

promptly if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

- (a) Tell us your name and account number
- (b) Describe the error or the transfer you think is incorrect, and clearly explain why you believe it is an error or why you need more information.
- (c) Tell us the dollar amount of the suspected error. If you notify us orally, we have the right to require you to send us your complaint in writing within ten (10)

business days following the date you notified us.

We will report to you the results of our investigation within ten (10) business days following the date you notified us. We will correct any error promptly. If we need more time, however, we may take up to forty five (45) days to investigate your complaint. If we decide to use more time to investigate your complaint, we will recredit your account for the amount you think is an 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 and we do not receive it within ten (10) calendar days following your oral notification, we may not recredit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation.

11. Notices

Notices sent by us shall be effective when mailed to your last address that appears in our records. Except as otherwise provided in this Disclosure Statement or by applicable law, notices from you to us must be in writing and will be effective when received by us.

12. Governing Law; Conflict with Applicable Law

The above provisions will be construed in accordance with Federal Law and the laws of the State of Rhode Island. In the event of any conflict between these provisions and any applicable law or regulation, these provisions shall be deemed modified to the extent, and only to the extent, required to comply with such law or regulation.

13. Amendments

We may amend the above terms and conditions at any time. We will give you written notice at least thirty (30) days before the amendment becomes effective if the amendment will result in increased costs or liability to you or stricter limitations on the transfers you make. If, however, an immediate change in the terms and conditions is necessary for security reasons, we may amend these terms and conditions without such prior notice, but, in such event we will give you notice within 30 days if such change shall become permanent.

If you are unwilling to accept such changes, you have the right to terminate your EFT cardholder and account agreement by giving us written notice, in which event, you will be responsible for payment of all balances owed and obligations under the terms in effect prior to such changes.

II. ELECTRONIC FUND TRANSFER "EFT" CARDHOLDER AND ACCOUNT AGREEMENT

Any access device, or the account number on the device, including Kent Hospital Credit Union 24-Hour Automatic Teller Machine (ATM) Card, MasterMoney Debit Card or any other card or device (hereinafter referred to as the "Card") is issued by Kent Hospital Credit Union (Credit Union) in conjunction with your checking and statement savings accounts (Designated Account (s)) with the Credit Union.

You, (Cardholder) appoint each of the individuals named on the Card or account applications as your attorney in fact to perform all transactions, including electronic fund transfers, relating to your designated account (s). Each of your appointees shall remain your attorney in fact until you request and receive a written Certificate of Termination from the Credit Union.

You authorize the Credit Union to investigate, receive and exchange credit information. In consideration of the electronic fund transfer services made available to you through the use of the Card, or otherwise, you agree to be bound by the EFT Cardholder and Account agreement.

YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE FOLLOWING:

- (a) General Disclosure Statement
- (b) EFT Cardholder and Account Agreement ("Agreement")
- (c) Funds Availability Schedule

1. Electronic Banking Services

(a) Use of the Card.

The card cannot be used until it is activated. The Card and PIN are provided for your use and you agree to retain them and not permit other persons to learn your PIN. Since your Card cannot be used without your PIN, the PIN should not be written on the Card or kept with the card. **PROTECT YOURSELF: NEVER GIVE YOUR PIN TO ANYONE NOT EVEN TO A CREDIT UNION EMPLOYEE.** This card can be used to accomplish transactions involving only the accounts designated by you to us; namely, one checking account and one statement savings account. Both accounts will be referred to in this Agreement as "designated account (s)". Only your designated account (s) may be accessed through the network of Terminals.

You may use your Card and PIN at participating Electronic Terminals to:

- (1)** make withdrawals from your designated account(s);
- (2)** make transfers between your designated account(s);
- (3)** make inquiries as to the available balance in your designated account(s);
- (4)** conduct other transactions as we add services and features.

We will notify you when such services are available.

We will charge you for each transaction you make using your Card. The charge per transaction is indicated on the Supplemental Fee Schedule as issued by the Credit Union and amended from time to time.

2. Authorization

You authorize us to charge your designated account(s) for money disbursed and to credit your designated account(s) for deposit received (when available and when allowed under applicable banking regulations) in connection with transactions involving the use of the Card.

3. Overdrafts will be charged the normal Credit Union fee as shown on the fee schedule.

4. Limitations on Transactions

At terminals where permitted, you may use your Card to withdraw funds on any one Business Day up to a specified amount that will be established by the Credit Union.

5. Maintenance of Accounts

As long as this Agreement remains in effect, you agree to maintain at least one of your designated accounts. Should all of your designated accounts close, your Card privileges will be cancelled, and we may retain your Card if you attempt to use it. Your designated accounts shall continue to be governed by your other agreements with us concerning those accounts and by our Rules and Regulations concerning those accounts to the extent that such agreements are not consistent with this agreement.

6. Joint Accounts

You appoint each of the individuals named on the Card or Account Application as your attorney in fact to perform all transactions, including electronic fund transfers, relating to your designated account(s). Each of your appointees shall remain your attorney in fact until you request and receive a written Certificate of Termination from the Credit Union.

All joint owners on a designated account shall be bound by this Agreement and shall be responsible for all transactions to or from any designated account as provided in the Agreement.

7. Ownership of Card

This Card is not transferrable and remains our property. You agree to return the Card to us immediately upon our demand. For your own protection the Terminals are programmed to retain Cards in certain circumstances.

8. Replacement of Lost or Stolen Cards

If your Card is lost, stolen or destroyed and you ask us to issue you a replacement Card, you agree to pay us a fee for such replacement Card as specified on the Fee Schedule. We may charge this amount to your designated statement savings or checking account.

9. Collection Expenses

If we have to sue you or take other actions to collect amounts you owe us under this agreement, you will pay our reasonable expenses, including attorneys fees, to the extent permitted by applicable law.

10. Terminating This Agreement

You can terminate this Agreement at any time by notifying us in writing and no longer using your Card and PIN. We can terminate this Agreement at any time without notice to you. If this Agreement is terminated, we shall no longer be obligated to complete transactions involving your use of the Card. Termination of this Agreement will not affect your obligations under this Agreement or for any transactions covered by this Agreement even if those transactions are completed AFTER the termination date.

11. Changes to this Agreement

We retain the right to change this Agreement at any time. If a change will impose greater costs on you, increase your liability under this Agreement or limit the types or frequency of transactions which may be accomplished by using the Card and PIN, we will mail you a notice of such change at least thirty (30) days before it becomes effective. We do not have to notify you in advance if an immediate change is necessary for security reasons, but, in such event, we will give you notice within thirty (30) days if such changes become permanent.

12. Notices

You will immediately notify us in writing of any address change. Notices sent by us shall be effective when mailed to you at your last address that appears in our records. Except as otherwise provided in this Agreement or by applicable law, notices from you to us must be in writing and will be effective when received by us.

13. Governing Law, Conflict with Applicable Law

This Agreement will be construed in accordance with the laws of the State of Rhode Island. In the event of any conflict between the provisions of this Agreement and any applicable law or regulation, the provisions of this Agreement shall be deemed modified to the extent, and only to the extent, required to comply with such law or regulation.

CREDIT UNION CONNECTION

ATM Locations

ALLIANCE	594 CENTRAL AVE. PAWTUCKET
ANCHOR	35 VETERANS MEMORIAL DRIVE WARWICK 1217 WARWICK AVE. WARWICK
BLACKSTONE RIVER	10 MONUMENT SQUARE WOONSOCKET
COVENTRY CU	1076 MAIN ST. COVENTRY 744 MAIN ST. WEST WARWICK 1584 NOOSENECK HILL RD. COVENTRY 7373 POST ROAD NORTH KINGSTON
CRANSTON MUNICIPAL	869 PARK AVE. CRANSTON
DEXTER CU	934 DEXTER ST. CENTRAL FALLS 135 DANIELSON PIKE SCITUATE
GREENWOOD CU	2669 POST RD. WARWICK
KENT HOSPITAL EFCU	455 TOLLGATE RD. WARWICK MAIN ENTRANCE, EMERGENCY ROOM, 1ST FLOOR
NAVIGANT CU	693 BROAD ST. CENTRAL FALLS 3291 MENDON RD. CUMBERLAND 20 DEXTER ST. PAWTUCKET 185 FRONT ST. LINCOLN 1280 PARK AVE. WOONSOCKET BRYAND UNIVERSITY SMITHFIELD 2086 DIAMOND HILL RD. CUMBERLAND 1005 DOULAS PIKE SMITHFIELD 230 NEWPORT AVE. RUMFORD 488 PUTNAM PIKE GREENVILLE 56 RAILROAD ST. MANVILLE 1042 PUTNAM PIKE CHEPACHET 560 MAIN ST. WARREN 3 CRESENT VIEW AVE. RIVERSIDE
PAWTUCKET CU	540 BROADWAY PAWTUCKET 571 SMITHFIELD AVE. PAWTUCKET 379 PUTNAM PIKE SMITHFIELD 339 NEWPORT AVE. E PROVIDENCE 1200 CENTRAL AVE. PAWTUCKET

PAWTUCKET CU (cont)

660 WARREN AVE. E. PROVIDENCE
405 WARWICK AVE. WARWICK
96 INDEPENDENCE WAY CRANSTON
150 ROOSEVELT AVE
727 CENTRAL AVE. PAWTUCKET
3319 POST RD. WARWICK
40 SOCKANOSSETT CROSSROADS CRANSTON
1855 MENDON RD. CUMBERLAND

PEOPLE'S CU

11 FRIENDSHIP ST. (NEWPORT HOSPITAL)
858 W MAIN RD. MIDDLETOWN
282 THAMES ST. NEWPORT
2537 EAST MAIN RD. PORTSMOUTH
160 OLD TOWER HILL WAKEFIELD
50 GOODING AVE. BRISTOL
6851 POST RD. N KINGSTOWN
43 MEMORIAL BLVD. NEWPORT

PROVIDENCE POSTAL FCU

24 CORLISS ST. PROVIDENCE
830 CHALKSTONE AVE. PROVIDENCE (VA HOSPITAL)
380 WESTMINSTER ST. PROVIDENCE
200 MIDWAY DRIVE CRANSTON
179 WEST RIVER ST. PROVIDENCE

RHODE ISLAND CU

160 FRANCIS ST. PROVIDENCE
50 LOWER COLLEGE RD. KINSTON (URI)
390 METACOM AVE. BRISTOL
60 NORTH MAIN ST. PASCOAG
570 PONTIAC AVE. CRANSTON

WAVE CREDIT UNION

280 MELROSE ST. PROVIDENCE
1027 NEWPORT AVE. PAWTUCKET
100 EAST ASLAND ST. BROCKTON, MA
480 GREENWICH AVE. WARWICK
642 GEORGE WASHINGTON HIGHWAY, LINCOLN
1217 WARWICK AVE. WARWICK
200 NARRAGANSETT PARKWAY EAT PROVIDENCE

WESTERLY

122 GRANITE ST. WESTERLY
244 POST RD WESTERLY
64 KINGSTOWN RD. RICHMOND
71 SOUTH COUNTY COMMONS WAY

FACTS

WHAT DOES KENT HOSPITAL EFCU DO WITH YOUR PERSONAL INFORMATION?

WHY?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- account balances and payment history
- credit history and credit scores

When you are *no longer* our member, we continue to share your information as described in this notice.

HOW?

All financial companies need to share members' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their members' personal information; the reasons Kent Hospital EFCU chooses to share; and whether you can limit this sharing.

QUESTIONS?

Call 401-737-7010 ext. 31337 or go to www.kenthospitalcu.org

Reasons we can share your personal information	Does Kent Hospital EFCU share?	Can you limit this sharing?
For our everyday business purposes such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes to offer our products and services to you	Yes	Yes
For our affiliates' everyday business purposes Information about your transactions and experiences	Yes	Yes
For joint marketing with other financial companies	Yes	No
For our affiliates everyday business purposes Information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For non-affiliates to market to you	No	We don't share

WHAT WE DO

How does Kent Hospital EFCU protect my personal information?	To protect your personal Information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Kent Hospital EFCU collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none">• open an account or deposit money• pay your bills or apply for a loan• use your credit or debit card We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none">• Sharing for affiliates' everyday business purposes-information about your creditworthiness• affiliates from using your information to market to you• sharing for non-affiliates to market to you

DEFINITIONS

Affiliates	Companies related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none">• Kent Hospital EFCU has no affiliates
Non-affiliates	Companies not related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none">• Kent Hospital EFCU has no affiliates
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none">• Cuna Mutual insurance

Kent Hospital
Federal Credit Union

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Warwick, Rhode Island 02886

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