

**N.A.R.C. Federal Credit Union  
Audio Response System PIN Application/Agreement  
And Mastercard Pin Number Agreement**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address (no/street) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone # (day) \_\_\_\_\_  
(evening) \_\_\_\_\_

NARC Fed CU Account Number \_\_\_\_\_

**MasterCard Debit Card Policy**

Sign your plastic cards with permanent ink immediately upon receipt.

Commit your PIN (personal identification number) to memory.

Review all plastic card transactions carefully, and immediately report anything you find unusual, or transactions you do not recognize.

Do not lend your cards to anyone.

Do not give your card, card number, or PIN to anyone.

Give in writing immediately any unusual, false or suspected transactions to CU.

Report lost or stolen card immediately.

I hereby apply for authorization to access my account shown above through use of the NARC Federal Credit Union Audio Response System (**ARS**) and/or Debit Card. I certify that I am a member of NARC Fed CU in good standing, that I am 18 years or older, and that I am the owner of the account shown. I agree to all terms and conditions in effect on the original agreements of the account to which I will have access through the ARS, and to any amendment to these terms and conditions that may be made from time to time.

My Personal Identification Number (**PIN**) to access my account is shown below. I understand that the ARS can and will perform many of the same tasks as a human teller. I acknowledge that the PIN which I use with ARS is my signature, 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 acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with ARS and my Debit Card is a security method by which you are helping me to maintain the security of my account.

**Therefore, I AGREE TO TAKE ALL REASONABLE PRECAUTIONS THAT NO ONE ELSE LEARNS MY PIN.**

I assume responsibility for all transactions made through use of the ARS and Debit Card. I acknowledge that the ARS and my Debit Card is subject to cancellation by NARC Fed CU at any time without notice. I agree to contact N.A.R.C. Federal Credit Union, Agricultural Research Center, 5601 Sunnyside Ave, Beltsville MD 20705 (phone 301/474-0200) at once if I believe my PIN has been lost or stolen or money is missing from my account. I also agree that if my monthly statement shows transaction 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 have read, understand and agree to be legally bound by the terms and conditions of such Agreement.

**Signature** \_\_\_\_\_

**Signature Joint**

**Owner** \_\_\_\_\_

**Date** \_\_\_\_\_

**Pick your Personal Identification Number using any four numbers.** \_\_\_\_\_

Mail form to NARC at above address