

Evolution50 Application

(Complete Form in BLOCK LETTERS)

PERSONAL DATA

Mr//Mrs/Ms Surname First Name Middle Initial

Mailing Address E-Mail Address

Gender Marital Status Mobile Phone # (Home)

IDENTIFICATION

Member Number: _____

National I.D.#: _____ DP #: _____ PP #: _____

DOB (dd/mm/yy): _____

I am the holder of an ECU Sprint Card

Yes I agree to abide by the Terms of the existing **Sprint Card Agreement** now in force or any other which may be made hereafter

No I hereby apply for membership and agree to abide by the Terms of the existing **Sprint Card Agreement** now in force or any other which may be made hereafter

INITIAL DEPOSIT AMOUNT

Account Number: _____ Amount \$ _____

TERMS AND CONDITIONS

I/We hereby certify that the above information is true. If this Application is accepted by Eastern Credit Union Co-operative Society Limited, I/We will be bound by the existing **Terms and Conditions** governing the **Evolution50 Members**' Account now in force or as amended or changed hereafter. It is agreed that this Account shall generate interest at the rate as posted by Eastern Credit Union. Such rates may be amended at any time without prior notice to the Member. The Member reserves the right to request a copy of the interest rates at any time.

1. The Account holder must be a bona fide Member of Eastern Credit Union Co-operative Society Limited.
2. The Account holder must have attained the age of 50 years upon opening the account.
3. The minimum **INITIAL DEPOSIT** is **\$500.00**
4. The Rate of Interest payable on this Account is dependent upon the minimum balance of **\$500.00** being maintained at all times. The Interest shall be credited to the Member's **Evolution50 Account** at the end of each quarter of the Calendar Year.
5. No interest is payable if the Member's balance falls below **\$500.00**

Applicant's Signature

Signature of ECU Rep.

Date

FOR OFFICIAL USE (ONLY)

I hereby certify that the above information has been verified and the Member's records updated.

ECU Authorized Signature

Date

APPLICATION FOR Evolution50 Sprint Service

I, _____, Member Number _____, hereby apply for an *Eastern Credit Union Sprint Card* and understand that I am subject to the **Terms and Conditions of the Sprint Service Agreement**. This Agreement is made this _____ day of _____ between **Eastern Credit Union Cooperative Society Limited**, the registered office of which is situated at La Joya, Eastern Main Road, St. Joseph, Trinidad and Tobago (hereinafter called the "**Credit Union**") of the one part and _____ (hereinafter called the "**Cardholder**") of the other part.

AGREEMENT

1. "**Designated Accounts**" refer to those accounts, which can be accessed through the Automatic Banking Machine.
2. "**PIN**" refers to **Personal Identification Number** and should not be disclosed to anyone; disclosure of the **PIN** number to a third party is done at the Member's risk.
3. The cost for a replacement card is \$_____.
4. The **Card** is the property of the **Credit Union** and must be returned by the **Cardholder** at the request of the **Credit Union**.
5. The card must be signed by the **Cardholder** immediately upon receipt of the card and may only be used after it has been signed.
6. The **Credit Union** may cancel the **Card** at any time without notice, or refuse to renew/replace any card in the event of the breach of any terms/conditions of this agreement by the **Cardholder**.
7. The **Cardholder** shall be responsible for the care and safe preservation of the **Card**.
8. The **Cardholder** agrees to immediately notify the **Credit Union** verbally initially, to be confirmed in writing by the day following the loss, theft or otherwise of the **Card**.
9. The **Cardholder** shall be liable for any/all use of the card and the transactions created thereby until notification in writing of the loss or theft has been received by his/her account holding branch or any branch of the **Credit Union**.
10. The **Cardholder** can use his/her card and **PIN** to access his/her designated accounts to obtain cash, make deposits or to transfer money between designated accounts or any services that may be introduced.
11. Where an account has a **Joint Mandate** only the **Principal Account Holder** can apply for an **ABM Card** and he/she is solely empowered and liable to deal with all transactions that affect any related accounts.
12. The **Cardholder** shall not withdraw any cash or make any debit against funds on deposits for which the **Credit Union** does not yet have value.
13. The **Cardholder** will be permitted to make cash withdrawals up to a maximum of 24 hours from the ABM up to a limit previously specified and agreed between the **Credit Union** and the **Cardholder**.
14. All deposits made by the **Cardholder** through the ABM are subject to verification by two of the Credit Union Officers, whose verification the **Cardholder** agrees shall be binding and conclusive evidence of the actual amount deposited.
15. The **Cardholder** will receive a receipt for each transaction made with the card at the ABM. These receipts should be retained by the **Cardholder**.
16. In case of loss/stolen cards or when the black magnetic strip is damaged due to negligence, the member would be responsible and will have to wait a month before another card is re-issued.
17. The **Credit Union** will be at liberty to vary the charges specified in the agreement and to include such other charges, as it may consider necessary from time to time.
18. The Credit Union shall not be liable to the **Cardholder** for the operational failure of any of its ABMs or for any injury, loss or damage suffered by the **Cardholder** in the use of any ABM.
19. **Cardholders** may cancel this service upon ten (10) days written notice to the **Credit Union**, which must be accompanied by the card.
20. The **Credit Union** is a Licensee of the **InfoLink Services Limited**. **InfoLink Services Limited** is the owner of the **Linx Network Services**:
 - a. The **Credit Union's Cardholders** will have access to use the services offered by the Linx network
 - b. It is the responsibility of the Member/Cardholder to inform the **Credit Union** of the loss/misplacement of the ABM card by phone or in writing
 - c. Any contact by phone must be followed with a written notification of loss/misplacement within 48 hours
21. The obligations of the parties are governed by laws of **Trinidad and Tobago** and are subject to all **Credit Union Rules and Regulations** present and future.

Applicant's Signature

Signature of ECU Representative

Date