



TOUCH TONE TELLER

\_\_\_\_\_ Member Name \_\_\_\_\_ Joint Owner Name

\_\_\_\_\_ Member Account Number

When applying for access to Touch Tone Teller, the audio response system, I acknowledge agreement as follows:

I acknowledge that I and any joint owners have access to all accounts whether share account or loan account, individual account or joint account, under a designated member number through use of my **PIN** in the Touch Tone Teller system.

1. The Credit Union issues the **PIN** for my use only. I will not transfer it to anyone else. I assume full responsibility for all transactions I authorize made through the **PIN**. My responsibility for unauthorized transactions is defined in the Electronic Funds Transfer Disclosure as contained in the TIS Disclosure Brochure.
2. The **PIN** is the property of the Credit Union and is subject to cancellation at any time without notice. I may cancel the **PIN** privileges by notifying the Credit Union, preferably in writing. In either event, I am responsible for any outstanding balances.
3. I acknowledge that the **PIN** which I choose is to be kept personal and confidential. I agree not to keep the Touch Tone Teller **PIN** in any place where it will be found with my member number. I agree to take all reasonable precautions to ensure that no one else learns the **PIN**. At no time will I reveal or make available the **PIN**, directly or indirectly, to any other person. Any loss, theft or unauthorized use of the **PIN** will be promptly reported to the ValleyStone Credit Union, telephone (413) 693-0273. My use of the **PIN** subjects me to all of the regulations on all accounts whether or not I am an owner, named person, or borrower on that account.
4. If the **PIN** is used for a joint account, I agree to be jointly and severally liable under the terms of this agreement.
5. The Credit Union may change or rescind these rules and regulations at any time after giving required notice.
6. I agree to pay the fees which may from time to time be imposed on this program authorize the Credit Union to withdraw these fees from any of my available accounts.

I have read and understand this Touch Tone Teller agreement. If an additional name has been entered above, I authorize issuance of the **PIN** to that additional person. I understand and agree that the additional named person shall be joint owner of this account with all of the rights and responsibilities attached to it. I acknowledge receipt and acceptance of all the terms and conditions of this agreement and Touch Tone Teller disclosure Statement (Electronic Fund Transfer Disclosure Statement).

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

01/05