



3300 Gallows Road • Falls Church, Virginia 22042 • www.healthcarefcu.org

Electronic Delivery & Signature Disclosure Agreement

1. This Healthcare Systems FCU Electronic Delivery & Signature Disclosure Agreement (“Disclosure”) applies to each account you have with Healthcare Systems FCU where electronic statements are available (“Accounts”).
2. The words “we,” “us,” and “our” means the Healthcare Systems FCU and the words “you” and “your” means you, the individual(s) who is identified on the account as the owner or authorized signer as the account holder on the Account(s). As used in this Disclosure, “Communication” means any periodic statement, authorization, agreement, disclosure, notice, or other information related to your Account, including but not limited to information that we are required by law to provide to you in writing.
3. Scope of Communications to Be Provided in Electronic Form. When you consent to this agreement, you agree to receive Communications relating to that Account in electronic format, and that we may discontinue sending paper Communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic Communications includes, but is not limited to the following categories of records:
 - Initial disclosures or agreements for your Account or associated payment features;
 - Periodic disclosures or monthly billing statements for your Account;
 - Notices or disclosures about a change in the terms of your Account;
 - Privacy policies and notices.
4. Method of Providing Communications to You in Electronic Form. All Communications that we provide to you in electronic form will be provided either (1) via e-mail at the e-mail address you specified on your account card, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.
5. How to Withdraw Consent. You may withdraw your consent to receive Communications in electronic form for any of your Accounts by contacting us at (703) 776-2700 or notify us in writing at Attn: Member Experience, HSFCU, 8300 Arlington Blvd, E-1, Fairfax, Virginia, 22031. We may treat your provision of an invalid email address or the subsequent malfunction of a previously valid address as a withdrawal of your consent to receive electronic Communications. We will not impose any fee to process the withdrawal of your consent to receive electronic Communications. Any withdrawal of your consent to receive electronic Communications will be effective only after we have a reasonable period of time to process your withdrawal.
6. How to Update Your Records. It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this Disclosure and your Account(s), and to maintain and update promptly any changes in this information. You can update such information (such as your e-mail address) by logging into Online Banking on our website www.healthcarefcu.org or by contacting us at (703) 776-2700.



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7. **Hardware and Software Requirements.** In order to access, view, and retain electronic Communications that we make available to you, you must have all of the following:
- A personal computer with at least 128 MB RAM, an operating system and all necessary telephone lines, Internet or other connections and equipment capable of supporting the foregoing requirement and necessary to access the Communications;
 - An Internet web browser which is SSL-compliant and supports 128 bit encryption; Internet Explorer v 7.0 or higher; Mozilla Firefox v3.0 or higher; Safari 4 or higher;
 - An email account;
 - Adobe Acrobat Reader software version 9.0 or higher
8. **Requesting Paper Copies.** We will not send you a paper copy of any Communication from us, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic Communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made no later than seven years after we first provided the electronic Communication to you. To request a paper copy, contact us by telephone at (703) 776-2700. We may charge you a reasonable service charge for the delivery of paper copies of any Communication provided to you electronically pursuant to your authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any Communication that you have authorized us to provide electronically.
9. **Communications in Writing.** All Communications in either electronic or paper format from us to you will be considered “in writing.” You should print or download for your records a copy of your Healthcare Systems FCU Online Statements, this Disclosure, and any other Communication that is important to you.
10. **Federal Law.** You acknowledge and agree that your consent to electronic Communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.
11. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic Communications, or to terminate or change the terms and conditions on which we provide electronic Communications. We will provide you with notice of any such termination or change as required by law.