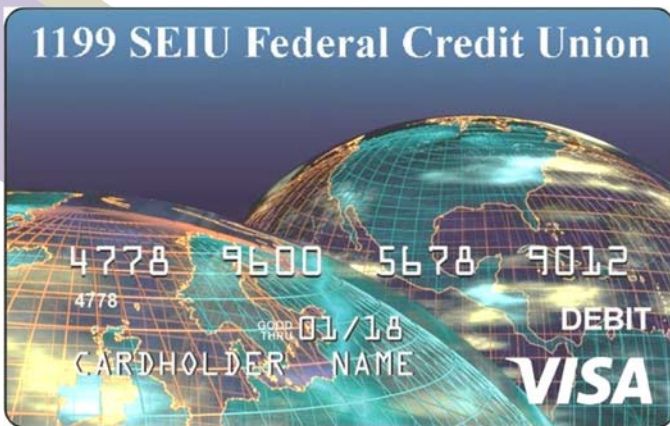




YOUR MONEY WHEN YOU WANT IT!

Get 24/7 access to your account

- ✓ *Free EMV-Secured Debit Card*
- ✓ *Surcharge-FREE ATM's*
- ✓ *Cash-Back at Point-of-Sale*
- ✓ *Overdraft Line of Credit Opportunities*



Any Citibank
Location



Over
55,000
Locations



Open up a checking account
which may also qualify for an
overdraft line of credit



For more information, please call us at (212) 957-1055 or visit our website at <http://www.1199federalcu.org>



+1 (212) 957 1055



+1 (212) 767 1732



memberservices@
1199federalcu.org



498 7th Avenue 2nd Floor
New York, NY 10018

THANK YOU FOR YOUR INTEREST IN OPENING A FREE CHECKING ACCOUNT WITH OUR CREDIT UNION!

YOUR APPLICATION IS SUBJECT TO APPROVAL.

THE FOLLOWING COPIES ARE REQUIRED TO PROCESS YOUR APPLICATION:

ONE PRIMARY ID, AND ONE SECONDARY ID ALONG WITH YOUR COMPLETED APPLICATION EITHER VIA EMAIL AT:

ACH@1199FEDERALCU.ORG OR BY MAIL AT:

**1199 SEIU FEDERAL CREDIT UNION
498 7th Avenue 2ND FL
NEW YORK, NY 10018**

**** THIS APPLICATION IS NOT ACCEPTED BY FAX. THANK YOU. ****

ACCEPTABLE VALID ID'S ARE:

PRIMARY ID(S):

- State Issued ID
 - Driver's License, Learners permit, & Non Driver's Identification Card
 - If not a tristate ID (NY/NJ/CT), the address on your ID must correspond with the address on your application.
- U.S. Passport
- Permanent Residence Card
- Employment Authorization Card Issued by INS
- NYC ID

SECONDARY ID(S):

- State Medicaid Card with Signature
- Job ID
- Medicare/Medicaid Card with signature

**** PLEASE NOTE THAT WE CAN ACCEPT ANY OTHER GOVERNMENT ID NOT LISTED ABOVE THAT HAS YOUR FULL NAME AND SIGNATURE; HOWEVER, WE DO NOT ACCEPT A SOCIAL SECURITY CARD AS A VALID PIECE OF ID. THANK YOU. ****

IN ORDER FOR YOUR ID TO BE VALID, THE NAME MUST BE THE SAME AS ON YOUR CREDIT UNION ACCOUNT(S) AND YOUR SIGNATURE'S ON YOUR ID(S) MUST MATCH THAT OF YOUR SIGNATURE ON YOUR APPLICATION.



VISA CHECK CARD - CARDHOLDER AGREEMENT



VISA Purchase Daily Limit \$1,500.00
ATM Cash Withdrawals Daily Limit \$1000.00

In this agreement, 1199 SEIU Federal Credit Union will be referred to as "Credit Union:" and the 1199 SEIU Federal VISA Check Card will be referred to as "check card".

I hereby apply to 1199 SEIU Federal Credit Union for check card privileges. By returning, using a card or authorizing another person to use my check card, I accept and agree to the following terms and conditions.

1. The check card is not a credit card. All check cards are the property of 1199 SEIU Federal Credit Union, which may, without liability or advance notice, revoke or limit any or all card uses in this agreement.
2. The card must be returned to the Credit Union upon request or may be impounded automatically by merchant or machine. I may cancel these privileges by notification to the Credit Union in writing and physically surrendering the check card.
3. I will be assigned a Personal Identification Number (PIN). At no time will I reveal or make available, directly or indirectly, the Personal Identification Number to any other person.
4. I will immediately notify the Credit Union of any loss, theft, or unauthorized use of my check card and/or PIN. When the Credit Union receives this information from me, a partial freeze will be placed on my account immediately and no withdrawals from this account will be permitted by use of the identified check card and/or PIN. On proper execution of a lost card affidavit and any other documents required by the Credit Union, a new check card and/or PIN will be issued for a nominal fee.
5. The Credit Union will not be liable for failure to honor my check card due to improper use, rejection of my card by an ATM network or merchant, my bankruptcy or termination of this Agreement. The Credit Union shall not be liable for failure to honor my check card because the Credit Union or its agents inadvertently identified my check card and/or my account by name and/or account number or otherwise, on any "Cancellation Bulletin", "Fraud Sheet", and other written publication, or publishing same orally as being delinquent, in arrears, in default, being used without the Credit Union's permission, or that the card is stolen, lost, revoked, expired, canceled or terminated. The Credit Union will not be liable if circumstances beyond its control (such as fire or flood or other extenuating circumstances) prevent the transition(s) despite reasonable precautions, from being completed; or if the Credit Union has, because of my default, exercised its right against funds in my account pursuant to a pledge, a right of offset or a statutory lien, The Credit Union will also be excused from such liability if I fail to observe the terms and conditions of this Agreement, or other account agreements which relate to such "electronic fund transfers".
6. The use of this check card is subject to regulations on Share Draft and savings accounts. I agree not to withdraw funds in excess of the balance in my account.
7. If I obtain cash from an ATM or merchant point of sale which creates an overdraft in my share draft account, the overdraft is due and payable at the moment I receive it and I agree to pay the full amount to the Credit Union.
8. I also authorize the Credit Union, in such case, to apply from other shares or deposits I may have in the Credit Union such amounts as may be necessary to pay such overdraft amount.
9. I will promptly examine the Credit Union's periodic statements of account and will promptly notify the Credit Union of any errors or irregularities.
10. I agree to advise the Credit Union promptly in writing of any change of address. Mail addressed to me at my address of record with the Credit Union shall be deemed to be properly addressed. If the Credit Union has to file a lawsuit to collect what I owe, I will pay the reasonable expense including attorney's fees or collection agency fee.
11. Nothing in this Agreement shall be deemed to annul, limit, or in any way modify any other obligation or relationship I may be with the Credit Union now or hereafter.
12. All new accounts are verified through Chexsystems, a consumer reporting agency.

Disclosure Information Provided in Compliance with Regulation E Types of electronic funds available: You may use your check card for ATM withdrawals from your share draft account and for purchases through merchants that accept VISA.

Charges for EFT Transactions ATM withdrawals will be charged \$1 per transaction. A \$5 fee will apply to replace your check card. There is no fee for debit transactions through merchants accepting Visa.

Documentation of EFT Transactions You will receive a receipt at the time you make any transfer from your share draft account using the Visa Check Card.

You will receive a monthly statement from us on your share draft account.

Liability For Failure to Make Transfer If we do not complete a transfer from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance:

- (1) If, through no fault of ours, you do not have enough money in your account to make the transfer.
- (2) If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions we have taken.
- (3) If the automated teller machine where you are making the transfer does not have enough cash.
- (4) If the terminal or system is not working properly and you knew about the breakdown when you started the transfer.
- (5) There may be other exceptions stated in our agreement with you.

To Third Parties We will disclose information to third parties about your account or the transaction you make:

- (1) Where it is necessary for completing transfers;
- (2) In order to verify the existence and condition of your account for a third party, such as a credit bureau collection agency or merchant;
- (3) In order to comply with government agency or court orders; or
- (4) If you give us written permission.

Consumers Liability for Unauthorized Use of Visa Check Card Study the check card transactions carefully on your statements. Tell us at once if you believe your card and/or PIN 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 us within two business days, you can lose no more than \$50 if someone used your card without your permission. If you do not tell us within two business days after you learn of the loss or theft or your card and/or PIN, and we can prove we could have stopped someone from using your card and/or PIN without your permission if you had told us, you can lose as much as \$500.

Also, if your statement shows transfers that you did not make, tell us at once. If you do not tell us within 60 days after the statement was mailed to you, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from making transactions if had told us in time.

If a good reason (such as a long trip, or a hospital stay) kept you from telling us, we may extend the time period.

Telephone Number and Address for Reporting Loss, Theft, or Unauthorized use of the VISA Check Card You should promptly notify the Credit Union at: (212) 957-1055 or write to: 1199 SEIU Federal Credit Union, 498 7th Ave., 2nd Fl., New York, NY 10036 Fax: (212) 767-1732. After business hours, please call (800) 554-8969 to report a lost card.

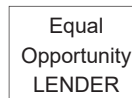
PROTECT YOUR PIN: NEVER KEEP IT WITH YOUR CARD

Business Days The 1199 SEIU Federal Credit Union business days are Monday through Friday, 9:00 a.m. to 5:00 p.m. Eastern Standard Time, exclusive of holidays.

Error Resolution In case of errors or questions about your electronic transfers, call or write us at the telephone number listed in this brochure, as soon as you can. Call 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 60 days after we sent the first statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe it is in error or why you need more information.
- (3) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. We will tell you the results of our investigation within 10 business days (20 business days if the transfer involved a point of sale transaction or a foreign initiated transfer) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involves a point of sale transaction or a foreign initiated transfer) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete the investigation. If we ask you to put your complaint or question in writing and if we do not receive it within 10 business days, we may not recredit your account.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.



498 7th Avenue, 2nd Fl, New York, NY 10018
(212) 957-1055 Fax: (212) 767-1732 1199federalcu.org

We do business in accordance with the Federal Fair Housing Law and Equal Credit Opportunity Act

1199 SEIU FEDERAL CREDIT UNION PRIVACY NOTICE AND DISCLOSURE

1199 SEIU Federal Credit Union, your member-owned financial institution, is committed to providing you with competitive products and services to meet your financial needs and help you reach your goals. We are equally committed to providing you with competitive products and services to meet your financial needs and help you reach your goals. We are equally committed to protecting the privacy of our members.

Under federal law, we are required to give you this privacy notice. It describes our credit union's privacy policy and practices concerning the personal information we collect and disclose parties who receive personal and sometimes non-public information from us as we conduct the business of the credit union.

If you have any questions after reviewing this notice, please contact us via phone or mail:

Phone: (212) 957-1055

Mail: 1199 SEIU Federal Credit Union
498 7th Avenue, Second Floor New
York, NY 10018

INFORMATION WE COLLECT ABOUT YOU

- Information we receive from you on applications and other forms
- Information about your transactions with us
- Information we receive from a consumer reporting agency
- Information obtained when verifying the information you provide on an application or other forms; this may be obtained from your current or past employers, or from other institutions where you conduct financial transactions

We may disclose all of the information we collect, as described above, as permitted by law.

PARTIES WHO RECEIVE INFORMATION FROM US

We may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as insurance companies
- Non-financial companies, such as consumer reporting agencies, data processors, check/share draft printers, financial statement publishers, plastic card processors, and government agencies

DISCLOSURE OF INFORMATION TO PARTIES THAT PROVIDE SERVICES TO US

In order for us to conduct the business of the credit union, we may disclose all of the information we collect, as described above, to companies that perform marketing or other services on our behalf or to other financial institutions with whom we have joint marketing agreements so that we may provide members competitive products and services. We may also disclose nonpublic personal information about you under circumstances as permitted or required by law. These disclosures typically include information to process transactions on your behalf, conduct the operations of our credit union, follow your instructions as you authorize, or protect the security of our financial records.

To protect our members' privacy, we only work with companies that agree to maintain strong confidentiality protections and limit the use of information we provide. We do not permit these companies to sell the information we provide to other third parties.

DISCLOSURE OF INFORMATION ABOUT FORMER MEMBERS

If you terminate your membership with 1199 SEIU Federal Credit Union, we will not share information we have collected about you, except as may be permitted or required by law.

HOW WE PROTECT YOUR INFORMATION

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

PREScreen AND OPT-OUT NOTICE

You have the right to opt out of receiving prescreen offers -- that is, offers for credit that are made based on information contained in your credit report. You can opt out of receiving these offers by contacting the credit reporting agencies' notification systems at:

Experian Target Marketing, PO Box 919, 701 Experian Pkwy B2, Allen, TX 75013, 1-888-567-8688;

Equifax Options, PO Box 740123, Atlanta, GA 30374-0123, 1-888-567-8688;

Trans Union Corporation, ATTN: Marketing Opt Out, PO Box 97328, Jackson, MS 39288-7328, 1-888-567-8688.





FUNDS AVAILABILITY POLICY DISCLOSURE

Model Policy Revised Date: 10/2020

General Policy Statement:

This Disclosure describes your ability to withdraw funds from any account at 1199 SEIU Federal Credit Union.

1. GENERAL POLICY — Our policy is to make funds from your cash and check deposits available to you on the same business day that we receive your deposit. Electronic direct deposits will be available on the day we receive the deposit. Once they are available, 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 close of business 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 the close of business or on a business day we are not open, we will consider that the deposit was made on the next business day we are open.

2. RESERVATION OF RIGHT TO HOLD — In some cases, we will not make all of the funds that you deposit by check available to you on the same business day that we receive your deposit. Funds may not be available until the second business day after the day of your deposit. However, the first \$225.00 of your deposit will be available on the first business day after the day of your deposit. If we are not going to make all of the funds from your deposit available on the same 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 next business 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.

3. LONGER DELAYS MAY APPLY — We may delay your ability to withdraw funds deposited by check into your account an additional number of days for these reasons:

- We believe a check you deposit will not be paid.
- You deposit checks totaling more than \$5,525.00 on any one (1) day.
- You redeposit a check that has been returned unpaid.
- You have overdrawn your account repeatedly in the last six (6) 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 seventh business day after the day of your deposit.

4. SPECIAL RULES FOR NEW ACCOUNTS — If you are a new member, the following special rules will apply during the first 30 days your account is open.

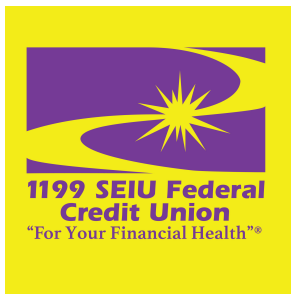
Funds from electronic direct deposits to your account, cash, U.S. Treasury checks, federal, state, and local

government checks, checks drawn on 1199 SEIU Federal Credit Union, and payroll checks will be available on the day we receive the deposit. Funds from deposits of the first \$5,525.00 of a day's total deposits of cashier's checks, certified checks, and money orders will be available on the next business day that we receive your deposit if the deposit meets certain conditions. For example, the checks must be payable to you. The excess over \$5,525.00 will be available on the ninth business day after the day of your deposit. If your deposit of these checks is not made in person to one of our employees, the first \$5,525.00 will not be available until the second business day after the day of your deposit. Funds from all other check deposits will be available on the fifteenth business day after the day of your deposit.

LOANLINER

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498 7th Avenue
 Second Floor
 New York, NY 10018
(212) 957-1055 Fax:
 (212) 767-1732
 1199federalcu.org

FEE SCHEDULE

Changes Effective 04/01/21

ALL ACCOUNTS

Abandoned Property.....	\$50
Account Closing Fee within 90 days.....	\$15
ACH Payroll Deductions.....	Free
Activity Print Out.....	\$1
Address Change.....	Free
Archive Research (In-House Documents).....	\$15
Archive Retrieval (per container).....	\$70
For Storage Documents	
Automated Telephone Access (Infoline).....	Free
Check Stop Payment.....	\$25
Consul Letter.....	\$10
Direct Deposit.....	Free
Electronic Transfer Reject.....	\$25
Electronic Transfer Stop Payment.....	\$25
Inactive/Dormant Account Monthly Fee.....	\$5
Monthly Low Balance Fee.....	\$1
(Under \$100, Savings Only)	
New Membership and New Account Fee.....	\$5
Paper Statement.....	\$3
Photocopy Charge (per statement period).....	\$7
Returned Check (deposited).....	\$25
Statement of Balance Letter.....	\$7
Tax Levy/Subpoena.....	\$30
Third Party Check Fee.....	\$1
Undeliverable Mail.....	\$2
Withdrawals in excess of 1 per month from the	
Share Account.....	\$5
Vacation Account.....	\$5

CHECKING SERVICES

Check Order Charge.....	Fee varies with style
Checks Paid or Returned (drawn by account holder).....	\$25
for Insufficient/Uncollected Funds	
Photocopy Charge (per check).....	\$5
Per Check.....	Free

ATM SERVICES

ATM Service Charge after 4 withdrawals.....	\$1
ATM Service Charge after 3 transfers.....	\$1
Balance Inquiry.....	\$1
Replacement ATM/Check Cards.....	\$5/each

LOAN FEES – CONSUMER LOANS

Collection Accounts.....	35% of unpaid balance
Credit Report Fee.....	\$10
Short Term Loan Application Fee.....	\$15
Overdraft Line of Credit Late Payment Fee.....	\$15



1199 SEIU Federal Credit Union
 498 7th Avenue
 2nd Floor
 New York, NY 10018
 Tel: 212 957-1055 • Fax: 212 767-1732
 www.1199federalcu.org

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 when opening a new 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 may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

Update

Member/Owner Name: _____ SSN/TIN: _____
 Mailing Address: _____ ID Type: _____
 City/State/Zip: _____ ID Number: _____
 Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
 City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
 Primary Phone: _____ Listed Unlisted Email: _____
 Secondary Phone: _____ Listed Unlisted Security Code: _____
 Employer: _____ Occupation/Title: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner Add Update Remove

Name #1: _____ SSN/TIN: _____
 Mailing Address: _____ ID Type: _____
 City/State/Zip: _____ ID Number: _____
 Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
 City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
 Primary Phone: _____ Listed Unlisted Email: _____
 Secondary Phone: _____ Listed Unlisted Security Code: _____
 Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Vacation Club: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Holiday Club: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

ACCOUNT SERVICES

<input type="checkbox"/> ATM Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update Indicate transfer priority: 1. _____ 2. _____ 3. _____ 4. _____
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Audio Response: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Internet Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Mobile Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Bill Payment: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts

Add Update Remove

Add Update Remove

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____



Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____

MEMBER NO: _____
 SSN/TIN: _____
 Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____
 Credit Union R/T No: 226077862
 Deposit To: Savings Checking
 Account No: _____
 Payroll Deduction/Direct Deposit Start Date: _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Signature	Date
X	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	#	_____	\$	_____	or	_____	%	
Share/Savings	#	_____	\$	_____	or	_____	%	
Holiday Club	#	_____	\$	_____	or	_____	%	
Vacation Club	#	_____	\$	_____	or	_____	%	
Loan	#	_____	\$	_____	or	_____	%	
Loan	#	_____	\$	_____	or	_____	%	
Other:	#	_____	\$	_____	or	_____	%	
Other:	#	_____	\$	_____	or	_____	%	
			Total	\$	_____	or	_____	%



Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
Employer: _____
Home Phone: _____ Work Phone: _____

MEMBER NO: _____
SSN/TIN: _____
Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____
Credit Union R/T No: 226077862
Deposit To: Savings Checking
Account No: _____
Payroll Deduction/Direct Deposit Start Date: _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Signature	Date
X	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or _____	%
Share/Savings	# _____	\$ _____	or _____	%
Holiday Club	# _____	\$ _____	or _____	%
Vacation Club	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
Other:	# _____	\$ _____	or _____	%
Other:	# _____	\$ _____	or _____	%
		Total \$ _____	or _____	%



Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
Employer: _____
Home Phone: _____ Work Phone: _____

MEMBER NO: _____

SSN/TIN: _____

Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Credit Union R/T No: **226077862**

Deposit To: Savings Checking

Account No: _____

Payroll Deduction/Direct Deposit Start Date: _____

Signature	Date
X	