



505 Division St. Elizabeth, N J 07201
Phone 908-527-3749 Toll Free 877-211-6999

INSTRUCTIONS:

MANDATORY
REQUIREMENTS!!!

SAVINGS:

TO SIGN UP FOR CREDIT UNION SAVINGS, COMPLETE BOTH SIDES OF THE APPLICATION FOR MEMBERSHIP AND THE PAYROLL DEDUCTION AUTH/CHANGE FORM, SEND BOTH WITH CHECK OR MONEY ORDER FOR \$6.00 TO THE CREDIT UNION AT MAIL DROP PE101. ALL NEW MEMBERS MUST SUBMIT COPIES OF 2 FORMS OF I.D. WITH THE MEMBERSHIP APPLICATION. AT LEAST ONE FORM OF I.D. MUST HAVE A PHOTOGRAPH. WE WILL ACCEPT WAKEFERN FOOD CORP PHOTO I.D., PHOTO DRIVER'S LICENSE, AND SOCIAL SECURITY CARDS AS ACCEPTABLE FORMS OF IDENTIFICATION. ALL PHOTOCOPIES MUST BE READABLE. THE NAME AND ADDRESS ON YOUR I.D. MUST MATCH THE NAME AND ADDRESS YOU ARE PROVIDING ON THE CREDIT UNION APPLICATION FOR MEMBERSHIP.

CHECKING:

ONLY MEMBERS MAY SIGN UP FOR CHECKING. OPENING UP A SAVINGS ACCOUNT (ABOVE) MAKES YOU A MEMBER.

TO SIGN UP FOR CHECKING, COMPLETE THE ENCLOSED ACCOUNT CHANGE CARD. PLEASE BE SURE TO COMPLETE AND SIGN THE BACK. OVERDRAFT PROTECTION WILL PAY YOUR CHECK FROM SAVINGS (IF FUNDS ARE AVAILABLE) IF YOUR CHECKING ACCOUNT HAS INSUFFICIENT FUNDS. THERE IS A \$5 PER ITEM CHARGE.

PICK OUT A CHECK STYLE AND COMPLETE THE ORDER BLANK. WHEN WE RECEIVE IT, WE WILL ASSIGN A CHECKING ACCOUNT NUMBER TO YOU AND PLACE YOUR CHECK ORDER FOR YOU THROUGH LIBERTY CHECK PRINTERS BASED ON THE ORDER BLANK. THE CHARGE FOR THE CHECKS ORDERED WILL COME DIRECTLY OUT OF YOUR CREDIT UNION CHECKING ACCOUNT.

RETURN THE ACCOUNT CHANGE CARD AND CHECK ORDER BLANK WITH \$75.00 TO OPEN YOUR CHECKING ACCOUNT.

TO HAVE YOUR DEPOSITS MADE BY PAYROLL DEDUCTION, COMPLETE THE PAYROLL DEDUCTION AUTH/CHANGE FORM FOR THE TOTAL AMOUNT PER PAYCHECK. AT THE BOTTOM OF THE FORM, INDICATE HOW YOU WANT THE TOTAL DISTRIBUTED (i.e. \$200 TOTAL, SPLIT \$100 SAVINGS \$100 SHARE DRAFT/CHECKING).

IF YOU DO NOT WANT PAYROLL DEDUCTION, BUT WANT DIRECT DEPOSIT INSTEAD, COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM USING YOUR SOCIAL SECURITY NUMBER AS YOUR ACCOUNT NUMBER. THE CREDIT UNION'S ROUTING AND TRANSIT NUMBER (ABA NUMBER) IS 221275643.

YOU CAN HAVE YOUR DIRECT DEPOSIT GO TO EITHER YOUR CREDIT UNION SAVINGS ACCOUNT OR CHECKING ACCOUNT. BUT PLEASE NOTE THAT IF YOU CHOOSE TO HAVE YOUR DIRECT DEPOSIT TARGET TO YOUR CHECKING ACCOUNT, YOU MUST SEND US THE FORMS TO OPEN ONE.

ADD OR POD/TRUST BENEFICIARIES:

TO ADD A BENEFICIARY TO YOUR ACCOUNT, COMPLETE AND SIGN THE ENCLOSED ACCOUNT CHANGE CARD. PLEASE COMPLETE THE MEMBER/OWNER SECTION AND THE ACCOUNT DESIGNATIONS SECTION. CHECK THE BOX FOR PAYABLE ON DEATH (POD)/TRUST ACCOUNT AND THEN FILL IN THE BENEFICIARY INFORMATION.

REMINDERS:

AN INITIAL DEPOSIT OF \$75.00 IS REQUIRED TO OPEN A CHECKING ACCOUNT. YOU MAY SEND THE DEPOSIT IN WITH YOUR FORMS, OR YOU MAY AUTHORIZE FUNDS TO BE TRANSFERRED FROM YOUR EXISTING CREDIT UNION SAVINGS ACCOUNT.

IF YOU ARE SIGNING UP AS A NEW MEMBER, FOLLOW THE INSTRUCTIONS ABOVE, AND ALSO COMPLETE AN APPLICATION FOR MEMBERSHIP. SUBMIT WITH AN INITIAL DEPOSIT OF \$6.00 FOR SAVINGS PLUS \$75.00 FOR CHECKING (IF APPLICABLE).

RETURN ALL COMPLETED FORMS TO THE CREDIT UNION OFFICE. OUR MAIL DROP IS PE101.

APPLICATION FOR MEMBERSHIP — COMPLETE BOTH SIDES

Account Number

Print your full name

Home Address

Cell phone _____

Home phone _____

Work phone _____

email _____

Social Security Number

Date of Birth

Place of Birth

Mother's Maiden Name

I am a US citizen: Yes or No (circle one)

I am a US Resident: Yes or No (circle one)

I am a Citizen of: _____ (insert name of country)

Employer Name (circle one):

Wakefern Food Corp (specify department) _____

Food Haulers/NTS (specify job/position) _____

ShopRite/PriceRite (specify store number) _____

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Wakefern Federal Credit Union. I also agree to the terms and conditions of any account that I have in the Credit Union now or in the future and agree that the credit union may change those terms and conditions from time to time.

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION
NUMBER AND BACKUP WITHHOLDING**

Under penalties of perjury, I certify (1) that the numbers shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

SIGNATURE: _____

DATE: _____

For Office Use Only

Application Approved on: _____ Authorized by: _____

Wakefern Federal Credit Union Payroll Deduction Authorization Form

Print your Name	
Social Security No.	Employee ID No.

To the Payroll Department:

I hereby authorize you to deduct \$_____ from my pay until further notice and transmit to Wakefern Federal Credit Union.

Sign Here X	Date:
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Instructions to Credit Union

Please apply my payroll deduction as follows:

Shares/Savings \$_____ Share Draft/Checking \$_____

Other \$_____ (requires valid secondary account to be opened)

If no selection is made, I understand that my entire payroll deduction will be credited to my share/savings account.



Wakefern
Federal Credit Union

505 Division Street
Elizabeth, NJ 07201
(908) 527-3749

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information ☐ CHANGE

Joint Owner(s) Information ☐ ADD ☐ CHANGE ☐ REMOVE

Agent ☐ ADD ☐ CHANGE ☐ REMOVE

POD/Trust Beneficiary ☐ ADD ☐ CHANGE ☐ REMOVE

Other: ☐ ADD ☐ CHANGE ☐ REMOVE

Account Type/Services ☐ ADD ☐ CHANGE ☐ REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____

Member No: _____

Street: _____

SSN/TIN: _____

City/State/Zip: _____

Driver's Lic. No: _____

Home Phone: _____

Date of Birth: _____

☐ Listed ☐ Unlisted

Password: _____

Work Phone: _____

Employer: _____

Employer's Address: _____

E-mail: _____

The account(s) is a Joint Account ☐ With Rights of Survivorship ☐ Without Rights of Survivorship

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner: _____

SSN/TIN: _____

Street: _____

Driver's Lic. No: _____

City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Password: _____

☐ Listed ☐ Unlisted

Employer: _____

Work Phone: _____

E-mail: _____

Joint Owner: _____

SSN/TIN: _____

Street: _____

Driver's Lic. No: _____

City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Password: _____

☐ Listed ☐ Unlisted

Employer: _____

Work Phone: _____

E-mail: _____

LOANLINER.

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ACCOUNT DESIGNATIONS☐ Payable on Death (POD)/Trust Account☐ All Accounts ☐ Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

☐ Agency Print Name of Agent: _____

Signature: _____ Date: _____

☐ All Accounts ☐ Designate Specific Accounts: _____☐ Other: _____ ☐ See Account Authorization Card**ACCOUNT TYPE**

Suffix #

☐ Share/Savings: _____☐ Share Draft/Checking: _____☐ Share Certificate/Certificate: _____☐ Money Market: _____☐ HSA: _____☐ Other: _____☐ Other: _____**ACCOUNT SERVICES**☐ Payroll Deduction/Direct Deposit: _____☐ Overdraft Protection (Indicate transfer priority.): _____☐ ATM Card: _____☐ Debit Card: _____☐ Audio Response: _____☐ PC Access/Internet Banking: _____☐ Other: _____**AUTHORIZATION**

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 have received and read 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.

☒ Signature _____ Date _____ ☒ Signature _____ Date _____☒ Signature _____ Date _____ ☒ Signature _____ Date _____**FOR CREDIT UNION USE ONLY**☐ See Account Change Card☐ See Insurance Beneficiary Card

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

☐ Credit Report☐ Check Verify☐ PIN Request☐ Access Card☐ Audio Response☐ PC Access/Internet Banking



505 Division Street, Elizabeth, NJ 07201
908-527-3749 option 2
STAR ATM CARD APPLICATION

Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

If you have a joint owner on your account and would like to have a second card issued in their name, please complete the line below:

Joint Owner's Name _____

Joint Owner's Social Security Number _____

Select Your Own PIN Here:
Please select 4 numbers,
No letters.

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Applicant's Signature

Joint Owner's Signature

Date: _____

Date: _____



Wakefern
Federal Credit Union

505 Division Street
Elizabeth, NJ 07201
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FEE SCHEDULE
Effective 03/01/2025

WITHDRAWAL FEES & LIMITS

Audio Response System Withdrawal in Excess of 1 Per Month	\$1.00 Per Item
Manually Issued Withdrawals Through Credit Union Personnel in Excess of 1 per month	\$2.00 Per Item
ATM Withdrawal/POS transactions in excess of 1 per month	\$1.00 Per Month
Wakefern FCU ATM Withdrawals (Located at 505 Division Street Elizabeth, NJ 07201)	No Fee
Check Withdrawals Issued Through PC Homebanking	No Fee

ACCOUNT FEES

To Open an Account	\$1.00 Per Account
Check Copy Fee	\$10.00 Per Item
Stop Payment Fee (Draft or ACH)	\$35.00 Per Item
Official Check Stop Payment	\$35.00 Per Item
Repetitive Manual Post (Draft or ACH)	\$35.00 Per Item
Return Item Fee	\$35.00 Per Item
Insufficient/Uncollected Funds Fee	\$35.00 Per Item
Dormant Account Fee	
Balance Under \$250 + Inactive for 1 year	\$10.00 Per Month
Escheatment Fee (After 3 years of No Activity)	\$75.00
Account Research fee (\$50.00 Minimum)	\$50.00 Per Hour
Account Restoration Fee (Within 1 Year)	\$50.00 Per Occurrence
Legal Process Fee	\$50.00 Per Item
Overdraft Protection Transfer Fee	\$5.00 Per Transfer
Regular Paper Statement via US Mail (E-Statements are FREE)	\$3.00 Per Statement
Returned Statement Fee	\$10.00 Per Statement
Replacement of ATM Card (First Time Free)	\$5.00 Per Card

OTHER FEES

Loan Application Fee	\$10.00 Per Application
Short Term Loan Application Fee	\$20.00 Per Application

Phone: 908-527-3749 Option 2 • Fax: 908-527-7797
Federally Insured by NCUA

As an associate of Wakefern Food Corp or ShopRite or PriceRite or other designated Wakefern Affiliate you are eligible for credit union membership.

Our credit union belongs to our members and we offer many services. We make it easy to SAVE and BORROW at favorable rates.

Credit Unions are nonprofit, cooperative organizations offering many of the same products and services as banks, but usually at better rates.

Each member account is insured up to \$250,000 by the NCUA, a U.S. Government Agency.

We are different. We put people before profit and service before self-interest while maintaining the safety and soundness of your credit union.

Benefits & Services Include:

- **Savings Accounts**
- **Free Checking Accounts**
- **Direct Deposit**
- **Automatic Payroll Deduction**
- **ATM Cards**
- **24/7 Internet Access via Online Banking**
- **24/7 Telephone Access via Audio Response System**
- **Auto Loans - New & Used**
- **Unsecured Loans - Varying Limits**
- **Motorcycle Loans - New & Used**
- **Boat Loans - Small boats - New & Used**
- **Access to Low-cost Insurance Through Trustage**
- **Amusement Park Discounts through Ticketsatwork.com**



**505 Division Street
Elizabeth, New Jersey 07201**

**Local Phone 908-527-3749
Toll Free Phone 877-211-6999
Local Fax 908-527-7797**

**Office Hours:
8:30 am to 12 noon
&
1:00 pm to 4:00 pm
Monday thru Friday
(closed for bank holidays)**

**Russell Lefkus, President
Wendell Gray, Vice President
Susan Jelen, Treasurer
Maria Vaz, Secretary
Yvonne Gonzalez, Board Member**

All full-time and permanent part-time Wakefern/ShopRite/PriceRite associates are eligible for credit union membership.

To become a credit union member:

- ◇ Complete an Application for Membership
- ◇ Complete a payroll deduction form, if desired
- ◇ Submit the Application to the credit union office with \$6.00 (of which \$5 opens your account and \$1.00 is the fee) **along with copies of 2 forms of I.D.-one of which must have a photograph. Your name and address must be the same on all identification.**

Credit union members may also choose to have:

- ◇ Automatic payroll deduction
- ◇ Electronic direct deposit or direct debits
- ◇ Free checking
- ◇ ATM card (Note: you are not required to have checking in order to have an ATM card. They can be linked to savings only if desired.)
- ◇ Additional subsidiary savings accounts (for purposes such as vacation savings, holiday savings, etc.)

When you submit your initial Application for Membership, your primary savings account is opened with a Suffix digit of 01.

Subsidiary accounts with Suffix digits of 05, 06 and so forth.

Checking accounts (commonly known as share draft accounts) use the Account Number followed by a Suffix digit of 75.

Credit Union Members who want to open a Share Draft/Checking account:

- ◇ Complete an Account Change Card, selecting the “add a service” option on the front, and making the appropriate selections on the back. Make sure to sign it.
- ◇ Complete a Check Order Form
- ◇ Complete a payroll deduction form, if desired. In the box next to the \$ sign, put the total amount to be deducted. In the bottom section, indicate how that deduction is to be distributed between your share (savings) account and share draft (checking) account.
- ◇ Submit to the credit union office with \$75.00 initial deposit

Q & A

Q: How do I check my balance?

A: Call the toll-free number and access the audio-response system. It is operational 24 hours a day, 7 days a week. Or view your account balances and history on the internet with our Online Banking System or our App found in the App Store.

Q: How do I make a withdrawal from my share/savings account?

A: Use the audio response system to request a check by mail. Or access Online banking using the Message option to request a check by mail. Or use our convenient ATM Card at any ATM machine displaying the MAC/ Plus/Star logo. Or stop in the Credit Union office

Q: How many times can I withdraw from my share/savings account?

A: You are allowed one withdrawal per month via audio response. After that the fee is \$1 each. If you use your ATM card anytime during the month, you will be charged a \$1 usage fee. You are allowed 1 manually issued withdrawals per month through the office. After that the fee is \$2 each. There is currently no charge for withdrawals issued through Online banking.

Q: Are there any other fees?

A: Yes. Please see our separate Rate and Fee Schedule.

Q: Can we borrow money?

A: Yes, we have a wide range of consumer loans available

Q: How do I find out if I qualify for a loan?

A: Members must submit a loan application. Upon receipt of your application, we will run a credit check and calculate your “debt ratio” to assist in determining your eligibility.