



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.

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 FROMS 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.



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
600 York Street
Elizabeth NJ 07207

ACCOUNT CHANGE CARD

Current Account Information

Member's Name _____
Account Number _____
Current Address _____
City, State, Zip _____
Home Phone () _____ Work Phone () _____

TYPE OF CHANGE

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

- Change Name to (please print) _____
- Add Account/Service - Add the service designated on reverse side.
- Terminate Account/Service - Terminate as designated on reverse side.
- Add Joint Owner - Add joint owner below to account as designated on reverse side. The account is a Multiple Party Account with Rights of survivorship.

Joint Owner being added (per above)

Name _____
Social Security Number _____
Date of Birth _____
Address _____
City, State, Zip _____
Home Phone () _____ Work Phone () _____

Remove Joint Owner (print name) _____

Remove the above joint owner from the account(s) designated on the reverse side. If required by the Credit Union, removal of a Multiple Party Account Owner requires consent of all account owners, and we will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan account(s).

ACCOUNTS/SERVICES TO BE ADDED/TERMINATED

____ Share (Savings) Account # _____
____ Share Draft (Checking) Account # _____
____ Overdraft Protection (indicate account to be transferred from)
 # _____
____ Direct Deposit Account # _____
____ Other Account # _____

AUTHORIZATION

I/We agree that the changes on this Card amend any previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, and Funds Availability Policy, if applicable, and to any amendment the credit Union makes from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we hereby grant Credit Union the authorization to check my credit and employment history and to answer questions about your credit experience with me.

Signature of member

Date

Signature of joint owner

Date

FOR OFFICE USE ONLY

Check Order Form

To view check styles go to www.libertysite.com and browse the Check Catalog

Complete the order form below and return to the Credit Union with your membership application

Print Name and Address as they are to Appear on Checks

Account Number _____

Check Style _____

Starting No. _____

Quantity ____ 1 box ____ 2 boxes

Wakefern Federal Credit Union 505 Division Street Elizabeth, NJ 70201	Special Instructions or Shipping Address:
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