



**1199 SEIU Federal  
Credit Union**

*"For Your Financial Health"®*



+1 (212) 957 1055



+1 (212) 767 1732



memberservices@  
1199federalcu.org



498 7th Avenue, 2<sup>nd</sup> Floor  
New York, NY 10018

**Thank you for your interest in joining 1199SEIU Federal Credit Union!**

**Requirements for your Membership Application:**

1. Must be an active 1199 SEIU Healthcare Workers East member.
2. Join the Credit Union by opening a Savings Account which includes a \$5 membership fee and \$100 deposit for your minimum required balance.
3. **The following copies are required to process your application:**

**Your most recent paystub which reflects your Union Dues Deductions, one primary ID, and one secondary ID along with your completed application either via email at:**

**[MemberServices@1199federalcu.org](mailto:MemberServices@1199federalcu.org) or by mail at:**

**1199 SEIU Federal Credit Union  
498 7th Avenue 2<sup>nd</sup> 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

Secondary ID(s):

- NYC ID
- 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. \*\***

If you have any question(s), please do not hesitate to call us at **(212)957-1055**. We would be happy to help you through this process.



## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT La INFORMACION IMPORTANTE ACERCA DE PROCEDIMIENTOS PARA ABRIR UNA CUENTA NUEVA

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 who opens an account.

What this means to you: When you open an account, we 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. Members seeking to open a new account must have their identity verified. An account is a formal banking or business relationship established to provide services, dealings or financial transactions. In order to comply, if opening by mail or in person, we ask that you send two clear photo ID's directly to the credit union, with proof of 1199 SEIU UNITED HEALTH CARE WORKERS EAST membership (see item 5 below).

Examples of products or services that constitute an account at 1199 SEIU FCU is as follows:

- Opening shares (savings), checking, vacation and holiday accounts.
- Opening a credit account or other extensions of credit or loan account

An account does NOT include:

- Check or Moneygram sales

### GENERAL CREDIT UNION INFORMATION

1. Credit Union hours are 9AM-5PM, for full services, (8:30-9am for deposit & account services) Monday to Friday. On evenings of Delegate Assembly, the closing time is extended to 6:45PM.
2. Members' savings accounts in the Credit Union are federally insured by the National Credit Union Administration for account balances for at least \$250,000.
3. New membership fee is \$5.00; a regular share account whose balance falls below \$100.00 at any time during the month will be charged a \$1.00 per month low balance fee, check our fee schedule for other fees that may be charged.
4. You are allowed one withdrawal from your share (savings) per month without charge; any more withdrawals after the 1st one will be assessed a fee of \$5.00 per withdrawal until the next month.
5. To open an account, make a withdrawal, or apply for a loan, you must provide us with two valid identifications that contains your full name and signature. Such examples are a Driver's License, US Passport, alien registration card, Job ID. One ID with both photo and signature is required for all withdrawals and transfers; if the ID only has one or the other, two pieces of identification are required & name must match.
6. Withdrawals can be done by mail, online at [www.1199federalcu.org](http://www.1199federalcu.org) or through the INFOLINE, our 24 hour automated telephone service at 212-977-2030 when you obtain a four digit PIN (Personal Identification Number), ask our staff. Fax withdrawals are not accepted.
7. Additional deposits can be done by mail or in person or at a Shared Branch. (Visit: [www.co-opcreditunions.org](http://www.co-opcreditunions.org) for the nearest location).
8. Our Holiday club accounts are opened year-round. Funds from this account are transferred over into the savings account in October and automatically start over.
9. Vacation club accounts are opened year-round; funds from this account are transferred over into the savings account in July and automatically start over.
10. Statements are mailed monthly on checking and loan, or accounts with electronic transactions and quarterly for all other accounts (every 3 months); ask for separate signature cards for Checking accounts and Visa debit cards.
11. You must notify the credit union in writing for a change of address. The information can be either mailed or faxed.
12. Direct deposit of funds is available via ACH; funds availability is according to your scheduled payroll date.
13. All new accounts and Visa debit cards are opened in person and must have a home mailing address; P.O. boxes cannot be accepted. All new accounts are also verified through F.I.S., a consumer-reporting agency.

Para ayudar al gobierno lucha la financiación de terrorismo y actividades de lavar de dinero, la ley Federal requiere todas instituciones financieras obtener, verificar y registrar información cada persona que abre una cuenta. Que esto significa a usted: Cuando usted una cuenta, nosotros pedimos su nombre, la dirección, la fecha Del nacimiento, y de otra información que permitira nosotros identificarlo. Podemos pedir tambien ver su licencia de conductor y otros documentos de identificación.

Los miembros procurando para abrir una cuenta nueva debe tener su identidad verificada. Una cuenta es un relacion formal de depositar o negocio establecio para proporcionar los servicios, los tratos o las transacciones financieras, en orden para cumplir pro correo o en persona el proceso de abrir su cuenta , debe de mandar dos ID'S valida clara y el mismo nombre directamente al credit union con prueba de la membresia de 1199 SEIU UNITED HEALTH CARE WORKERS EAST.

Los ejemplos de los productos o los servicio que constituyen una cuenta en 1199 SEIU FCU son como seguir: las acciones (Ahorros) que abren, giros (Verificar) de accion, el certificado, IRA, cuentas de vacacion o vacacion.

Abrir una cuenta del credito y otra cuenta de extensions o prestamo

Una cuenta no incluye: Cheque de emision de cheque ni ventas de Moneygram.

GENERAL INFORMACION DE UNION DE CREDITO. Las horas de la union de credito son 9AM-5PM, el Lunes a Viernes para servicio complejo,(8:30-9am para deposito y servicio de cuenta).

- EN ANOCHECERES DE LA ASAMBLEA DEL DELEGADO. El tiempo del fin es extendido hasta las 6:45PM. Las cuentas de ahorros de miembros en la union son aseguradas federalmente por la Administracion Nacional de union de credito para saldos de por los meno \$250,000.00.
- EL HONORARIO NUEVO DE LA ASOCIACION es \$5.00; una cuenta regular de la accion cuyo equilibra las caidas debajo de \$100.00 en cualquier vez durante el mes se cargara un \$1.00 por mes el honorario bajo del equilibrio mire nuestro formulario de otrasargas que pueden ser añadidas.
- USTED es permitido un retiradro por mes sin la carga; mas retiradas despues que el primer uno se valorara un honorario de \$5.00 por la por la retirada hasta el proximo mes.
- Para abrir una cuenta, hacer una denuncia o solicitar un préstamo, usted debe proveernos con dos identificaciones válidas que contenga su nombre completo y firma. Estos ejemplos son una Licencia de Conducir, Pasaporte de los EE.UU., tarjeta de residencia, identificación del trabajo. Se requiere una identificación con foto y firma, tanto para todos los retiros y transferencias; Si el ID de sólo tiene uno o el otro; Se requieren dos documentos de identificación y el nombre debe coincidir.
- LAS RETIRADS pueden ser hechas por el correo o por el INFOLINE, nuestra 24 hora el servicio automatizado de telefono si usted tiene un cuatro ALFILER del digito (EL NUMERO PERSONAL DE IDENTIFICAION). Las retiradas del fax no son mas largo aceptado.
- LOS DEPOSITOS ADICIONALES pueden ser hechos por el correo o en persona.tambien pueden Vistar [www.co-opcreditunions.org](http://www.co-opcreditunions.org) para las localisaciones mas secanas.
- LAS CUENTAS DEL CLUB de la navidad se abren ano redondea. Los fondos de esta cuenta se transfieren a su cuenta de ahorros en Octubre y comienzan de Nuevo automaticamente.
- LAS CUENTAS DEL CLUB de la vacacion se abren ano redondea; Los Fondos de esta cuenta se transfieren sobre en la cuenta de ahorros en Julio y comienzan de Nuevo automaticamente.
- LAS DECLARACIONES se envian mensualmente para cuentas de chequera (VERIFICAR) de accion o cuentas con electronico y trimestral para todas las otras cuentas (cada 3 meses).
- USTED DEBE NOTIFICAR la union de credito a escribir para un cambio de la direccion. La Informacion puede ser o enviado o telecopiado.
- EL DEPOSITO DIRECTO de fondos esta disponible via ACH; la disponibilidad de fondos esta segun su ha la fecha planificada de nomina
- TODAS CUENTAS NUEVAS y las tarjetas del debito de la VISA se abren en persona y deben tener un direccion de Envoi de hogar; P.O. cajas no se pueden aceptar. Todas cuentas nuevas se verifican tambien por F.I.S., una agencia informando de consumidor.

# TRUTH IN SAVINGS DISCLOSURE FOR YOUR DEPOSIT ACCOUNTS

## REGULAR SHARE ACCOUNT

**Credit Union Membership** -- this account is required to be maintained in order to establish your voluntary membership in the credit union and obtain such as a valuable union benefit and entitlement. This membership used properly and maintained in good standing will enhance and enrich your earnings retention ability.

**Rate information** -- Your interest rate and annual percentage yield may change.

**Frequency of rate changes** -- We may change the interest rate on your account at any time.

**Determination of rate** -- The Board of Directors of the Credit Union meet monthly at which time they may change the interest rate on your account at their discretion.

**Compounding and crediting frequency** -- Interest will be compounded every quarter. Interest will be credited to your account quarterly.

**Effect of closing an account** -- If you close your account before interest is credited, you will not receive the accrued interest.

**Minimum balance to open an account** -- You must deposit \$105.00 to open this account.

**Minimum balance requirements** -- A Shareholder cannot withdraw funds to cause their Regular Share Account balance to get below \$26.00.

A Regular Share Account whose balance falls below \$100.00 at any time during the month will be charged a \$1.00 per month low balance fee.

Dividends will not be paid for any day a Regular Share Account balance falls below \$200.

**Minimum balance to obtain the annual percentage yield disclosed** -- You must maintain a minimum balance of \$200.00 in the account each day to obtain the disclosed annual percentage yield.

**Daily balance computation method** -- We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day.

**Accrual of interest** -- Interest begins to accrue no later than the business day funds received via payroll deduction are credited to your individual account.

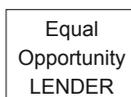
**Transaction limitations** -- You are allowed up to six preauthorized or electronic withdrawals/transfers from all types of savings accounts (which are considered to be non-transaction accounts) each calendar month. The minimum amount you can deposit is \$5.00. You are entitled to one withdrawal per month, and are charged a \$5.00 fee for each additional withdrawal. Please refer to our separate fee schedule for additional information about charges.

**Minimum balance to avoid imposition of other fees\*** -- Please refer to our separate fee schedule for additional information about charges.

Inactive/Dormant Account Monthly Fee \$5.00  
New Membership Fee \$5.00



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



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(212) 957-1055 Fax: (212) 767-1732 1199federalcu.org

## VACATION AND HOLIDAY CLUB ACCOUNTS

**Rate information** -- Your interest rate and annual percentage yield may change.

**Frequency of rate changes** -- We may change the interest rate on your account at any time.

**Determination of rate** -- The Board of Directors of the Credit Union meet monthly at which time they may change the interest rate on your account at their discretion.

**Compounding and crediting frequency** -- Interest will be compounded every quarter. Interest will be credited to your account quarterly.

**Effect of closing an account** -- If you close your account before interest is credited, you will not receive the accrued interest.

**Minimum balance to open an account** -- You must deposit \$5.00 for a Vacation or Holiday Club to open this account.

**Minimum balance to obtain the annual percentage yield disclosed** -- You must maintain a minimum balance of \$1.00 for a Vacation Club Account or \$5.00 for a Holiday Club Account each day to obtain the disclosed annual percentage yield.

**Daily balance computation method** -- We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day.

**Accrual of interest** -- Interest begins to accrue no later than the business day funds received via payroll deduction are credited to your individual account.

**Transaction limitations for Vacation Club Accounts** -- The minimum amount you can deposit is \$1.00. You are allowed one withdrawal free of charge during the Vacation Club's fiscal year. All subsequent withdrawals are charged \$5.00 per withdrawal. On the fourth withdrawal, the account will be closed. The Vacation Club's fiscal year is July 1 through June 30.

**Transaction limitations for Holiday Club Accounts** -- The minimum amount you can deposit is \$5.00. If any withdrawal is made from this account before the end of the Holiday Club term, the account will be closed. The Holiday Club's term is from November 1 through October 31.

## DISCLOSURES APPLYING TO ALL ACCOUNTS

**Abandoned Property** -- The account will be considered abandoned if deposits or withdrawals are not made during three consecutive years.

Members must respond to a letter mailed June 30 of each year notifying the Credit Union of their decision.

If the account is turned over to New York State Abandoned Property, you will have to reclaim funds from the State.

\*Fee schedule may be amended from time to time.



# 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.



# VISA CHECK CARD - CARDHOLDER AGREEMENT



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

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 retaining, using and/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 me 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. Correspondence addressed to me at my address of record with the Credit Union shall be deemed current. 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 F.I.S., 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 you 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 10018 Fax: (212) 767-1732. After business hours, please call (800) 523-4175 to report a lost card.

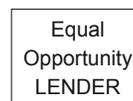
PROTECT YOUR PIN: NEVER KEEP IT WITH YOUR CARD

**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. We require that you send us your complaint or question in writing within 10 business days (20 business days if the transfer involved a point of sale transaction or a foreign initiated transfer). We will contact you within 10 business days of receiving your written complaint and will temporarily credit your account. However, if we need more time, 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 to be corrected. If we do not receive your letter of complaint within 10 business days of us being alerted to the error, 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.



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## Funds Availability Policy

**Last Reviewed Date: 10/2019**

### **General Policy Statement:**

In accordance with Federal Regulation CC, we need to inform you of our policy regarding your rights to draw funds against deposits you have made to any account at our institution. The Credit Union offers same day or next day availability for some funds deposited with the Credit Union. This policy provides information to allow you to determine when funds you deposit or receive at 1199 SEIU Federal Credit Union are available to be withdrawn or clear checks.

This Policy is applicable to your account(s) (savings and checking) with us unless you receive notice that a different policy applies. Most deposits require some period of time to "clear" because it takes us time to determine whether the deposited items will be paid. The time it takes varies with the kind of deposit involved. Therefore, it is necessary to delay the availability of funds while collection is in progress. During the delay, the funds will not be available for withdrawal nor to pay checks that you have written.

**SAME-DAY AVAILABILITY.** The Credit Union affords same-day availability for cash deposits, electronic fund transfers, and U.S. Treasury checks payable to you, state and local government checks payable to you, and payroll checks from participating employers.

### **HOLD PERIOD.**

1. Checks over \$200.00 and not exceeding \$999.99, may be placed on a 1-day hold. The first \$200.00 will be available after the close of business the following day.
  - a. For Regulation CC purposes, Saturdays, Sundays, and legal holidays are not considered business days.
2. Check deposits of \$1,000.00 or over may be placed on an 8 day-hold, with the first \$200.00 available the following business day.

**Third Party checks (checks endorsed over to a third party) are not acceptable.**

**CASE BY CASE HOLDS.** The Credit Union will place a hold on deposits where evidence suggests a forgery or fraud up to 15 business days.

**NOTICE.** If the Credit Union decides to impose a case-by-case hold, it will immediately deliver proper notice to the member depositor.

**CIVIL LIABILITY.** The Credit Union is not liable for:

- A. Non-intentional, bona fide errors if reasonable compliance procedures are in place. This includes failure to identify a payable-through check as local or non-local despite procedures designed to make this determination accurately; or
- B. Good faith reliance on a Federal Reserve Board ruling.



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 Second Floor  
 New York, NY 10018  
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 1199federalcu.org

# FEE SCHEDULE

*Changes Effective 05/2019*

## ALL ACCOUNTS

Abandoned Property.....	\$50
Account Closing Fee within 90 days.....	\$10
ACH Payroll Deductions.....	Free
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.....	\$20
Consul Letter.....	\$10
Direct Deposit.....	Free
Electronic Transfer Reject.....	\$20
Electronic Transfer Stop Payment.....	\$20
Inactive/Dormant Account Monthly Fee.....	\$5
Monthly Low Balance Fee.....	\$1
(Under \$100, Savings Only)	
New Membership and New Account Fee.....	\$5
Photocopy Charge (per statement period).....	\$7
Returned Check (deposited).....	\$20
Statement of Balance Letter.....	\$7
Third Party Check Fee.....	\$1
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).....	\$20
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

## HOW DO I KNOW MY CREDIT UNION IS FEDERALLY INSURED?

Federally insured credit unions are required to indicate their insured status in their advertising and to display the official NCUSIF insurance sign in their offices and branches. For a complete directory of federally insured credit unions, visit the NCUA's agency website at [ncua.gov](http://ncua.gov).



## COVERAGE LIMITS

The standard share insurance amount is \$250,000 per share owner, per insured credit union, for each account ownership category. The \$250,000 standard share insurance account became permanent through the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010.

## THE NCUA SHARE INSURANCE ESTIMATOR

The NCUA Electronic Share Insurance Estimator is available to help members better understand the protection offered by the NCUSIF. This interactive site allows users to input data to compute the amount of NCUSIF coverage available under different account scenarios. This resource is available at [MyCreditUnion.gov/estimator](http://MyCreditUnion.gov/estimator).



[MyCreditUnion.gov](http://MyCreditUnion.gov)

## WHERE CAN I FIND MORE INFORMATION?

The NCUA has more information available to help credit union members better understand how the NCUSIF keeps their accounts safe and protected.

A comprehensive booklet entitled *Your Insured Funds* is available on the [ncua.gov](http://ncua.gov) and [MyCreditUnion.gov](http://MyCreditUnion.gov) websites. This booklet contains a detailed discussion of all available types of NCUSIF coverage, along with examples illustrating how the coverage works in practice. You can get additional information about credit unions and the financial services they offer, as well as tips on how to save, create a budget, and plan for a major purchase at the NCUA's consumer website, [MyCreditUnion.gov](http://MyCreditUnion.gov).



National Credit Union Administration  
Office of Consumer Financial Protection  
1775 Duke Street, Alexandria, VA 22314  
800-755-1030 | [MyCreditUnion.gov](http://MyCreditUnion.gov)

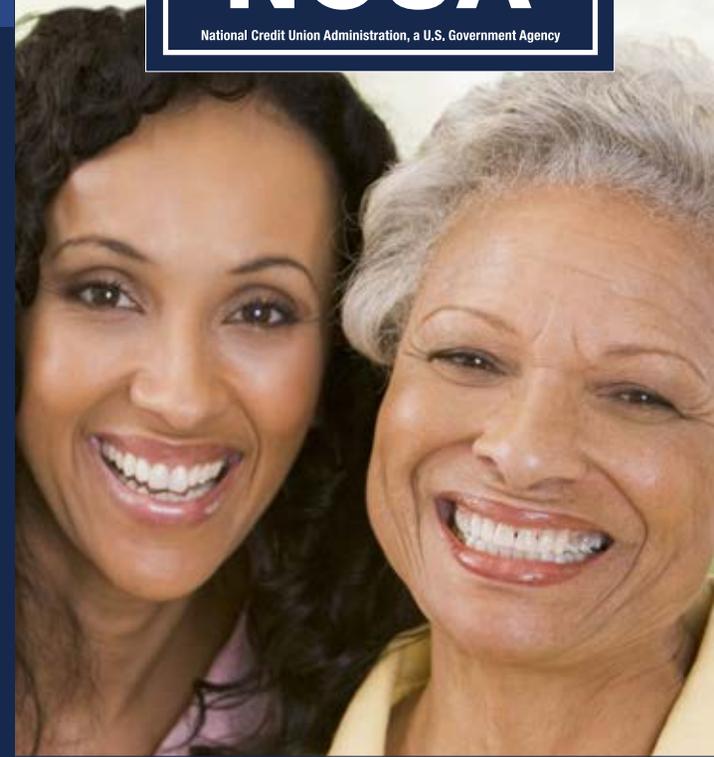


NCUA 8016 - Revised February 2018

Your savings federally insured to at least \$250,000  
and backed by the full faith and credit of the United States Government

# NCUA

National Credit Union Administration, a U.S. Government Agency



# HOW YOUR ACCOUNTS ARE FEDERALLY INSURED

National Credit Union Administration  
Office of Consumer Financial Protection

[MyCreditUnion.gov](http://MyCreditUnion.gov)

## WHAT IS THE NCUA?

The National Credit Union Administration, commonly referred to as NCUA, is an independent agency of the United States government that regulates, charters and supervises federal credit unions. NCUA also operates and manages the National Credit Union Share Insurance Fund (NCUSIF). Backed by the full faith and credit of the U.S. government, the NCUSIF insures the accounts of millions of account holders in all federal credit unions and the vast majority of state-chartered credit unions.

## WHY IS NCUSIF SHARE INSURANCE COVERAGE IMPORTANT?

Share insurance coverage offered through the NCUSIF protects members against losses if a federally insured credit union should fail. You can confidently join and conduct business with federally insured credit unions because no member has ever lost a penny from accounts insured by the NCUSIF.

Historically, insured funds are available to members within just a few days after the closing of an insured credit union. Failures of federally insured credit unions are rare because only those with sound operational standards qualify to receive NCUSIF coverage. The NCUA also regularly reviews the operations of all federal credit unions and works closely with state regulatory authorities to evaluate federally insured, state-chartered credit unions.

## WHAT BASIC COVERAGE IS PROVIDED BY THE NCUSIF?

The NCUSIF provides all members of federally insured credit unions with \$250,000 in coverage for their single ownership accounts. These accounts include regular shares, share drafts (similar to checking), money market accounts, and share certificates. Individuals with account balances totaling \$250,000 or less at the same insured credit union are fully insured.

If a person has more than \$250,000 at any single credit union, several options are available for additional share insurance coverage because, as discussed in greater detail (right), the NCUSIF provides separate insurance for other accounts.

Members have full NCUSIF coverage at each federally insured credit union where they are qualified members. While the NCUSIF coverage protects members at all federally insured credit unions from losses on a broad spectrum of savings and share draft products, it does not cover losses on money invested in mutual funds, stocks, bonds, life insurance policies, and annuities offered by affiliated entities.

## DOES THE NCUSIF PROVIDE ADDITIONAL COVERAGE?

All members of federally insured credit unions have options for coverage that is separate from and in addition to the coverage available to their single ownership accounts.

### RETIREMENT ACCOUNTS

Members with traditional and Roth Individual Retirement Accounts (IRAs) and KEOGH retirement accounts at federally insured credit unions have additional coverage available at each federally insured credit union where they qualify and become members. The NCUSIF insures traditional and Roth IRAs for \$250,000 in the aggregate at each credit union. Additionally, the NCUA insures KEOGH accounts separately in the aggregate to \$250,000 at each credit union.

Retirement account insurance protection is separate and apart from insurance coverage on other credit union accounts. For example, if you have a regular share account, an IRA, and a KEOGH at the same credit union, the NCUSIF insures the regular share account for up to \$250,000, the IRA for up to an additional \$250,000, and the KEOGH for up to an additional \$250,000.

### JOINT ACCOUNTS

Joint accounts are owned by two or more people who have equal rights to withdraw money from the account and no beneficiaries are named. These accounts can include regular shares, share drafts (similar to checking), money market accounts, and share certificates. The NCUSIF provides each joint account holder with \$250,000 coverage for their aggregate interests at each federally insured credit union.

For example, a two person joint account with no beneficiaries has \$500,000 in coverage. This coverage is separate from and in addition to the coverage available for other accounts such as individual accounts with no beneficiaries and retirement accounts.

### TRUST ACCOUNTS

The NCUSIF provides separate coverage for both revocable and irrevocable trusts. Credit unions can establish a common informal revocable trust payable-on-death account without additional documentation; however, some trusts require additional, valid documentation to qualify for coverage. While this brochure briefly discusses how the NCUSIF insures trusts, members should consult appropriate professionals to properly establish and document trust arrangements.

### REVOCABLE TRUSTS

Revocable trust accounts may qualify for insurance coverage of up to \$250,000 per beneficiary named by the owner (if a member of the credit union) that is separate from the individual coverage available to the trust owner (also referred to as grantor or settlor). For example, if a person with a revocable trust for \$750,000 names a spouse and two children as beneficiaries, the entire \$750,000 would have separate NCUSIF coverage (\$250,000 per beneficiary). This coverage is separate from the coverage provided to the other types of accounts held by the trust's owner at the same federally insured credit union.

### IRREVOCABLE TRUSTS

Irrevocable trusts have separate coverage based on the beneficial interest. The interest of each beneficiary in an account (or accounts) established as an irrevocable trust has separate NCUSIF coverage of up to \$250,000. In cases where a beneficiary has an interest in more than one trust arrangement created by the same owner, the interests of the beneficiary in all accounts established under such trusts are added together for insurance purposes and insured for a total of up to \$250,000.

## ¿CÓMO SABER SI MI COOPERATIVA DE AHORRO Y CRÉDITO ESTÁ CUBIERTA POR UN SEGURO FEDERAL?

Las cooperativas de ahorro y crédito con seguro federal deben indicar su condición de aseguradas en su publicidad y mostrar el logotipo oficial de seguro del NCUSIF en sus oficinas y sucursales. Para acceder al directorio completo de las cooperativas de ahorro y crédito con seguro federal, visite el sitio web de la agencia NCUA en [ncua.gov](http://ncua.gov).



## LÍMITES DE COBERTURA

El monto estándar de seguro de depósito es \$250,000 por titular, por cooperativa de ahorro y crédito asegurada, para cada categoría de propiedad de cuenta. Los \$250,000 de cuenta estándar de seguro de depósito pasó a ser permanente por medio de la Ley Dodd-Frank de Reforma de Wall Street y Protección al Consumidor de 2010.

## LA CALCULADORA DE SEGURO DE DEPÓSITOS DE LA NCUA

La calculadora electrónica de seguro de depósitos de la NCUA está disponible para que los socios comprendan mejor la protección que brinda el NCUSIF. Este sitio interactivo permite a los usuarios ingresar datos para calcular el monto de cobertura del NCUSIF disponible, según los diferentes escenarios de cuentas. Este recurso está disponible en [MyCreditUnion.gov/estimator](http://MyCreditUnion.gov/estimator).



[MyCreditUnion.gov](http://MyCreditUnion.gov)

## ¿DÓNDE PUEDO ENCONTRAR MÁS INFORMACIÓN?

La NCUA tiene disponible más información para que los socios de las cooperativas de ahorro y crédito vean cómo el NCUSIF mantiene sus cuentas seguras y protegidas.

El folleto titulado Sus fondos asegurados posee información detallada y está disponible en los sitios web [ncua.gov](http://ncua.gov) y [MyCreditUnion.gov](http://MyCreditUnion.gov). Este folleto contiene un análisis detallado de todos los tipos de cobertura de NCUSIF disponibles, con sus respectivos ejemplos que ilustran cómo funciona la cobertura en la práctica. Puede obtener información adicional acerca de las cooperativas de ahorro y crédito y los servicios financieros que ofrecen, así como consejos sobre cómo ahorrar, crear un presupuesto y planificar para una compra importante en el sitio web del consumidor de la NCUA, [MyCreditUnion.gov](http://MyCreditUnion.gov).



Administración Nacional de Cooperativas de Ahorro y Crédito  
Oficina de Protección Financiera al Consumidor

1775 Duke Street, Alexandria, VA 22314  
800-755-1030 | [MyCreditUnion.gov](http://MyCreditUnion.gov)

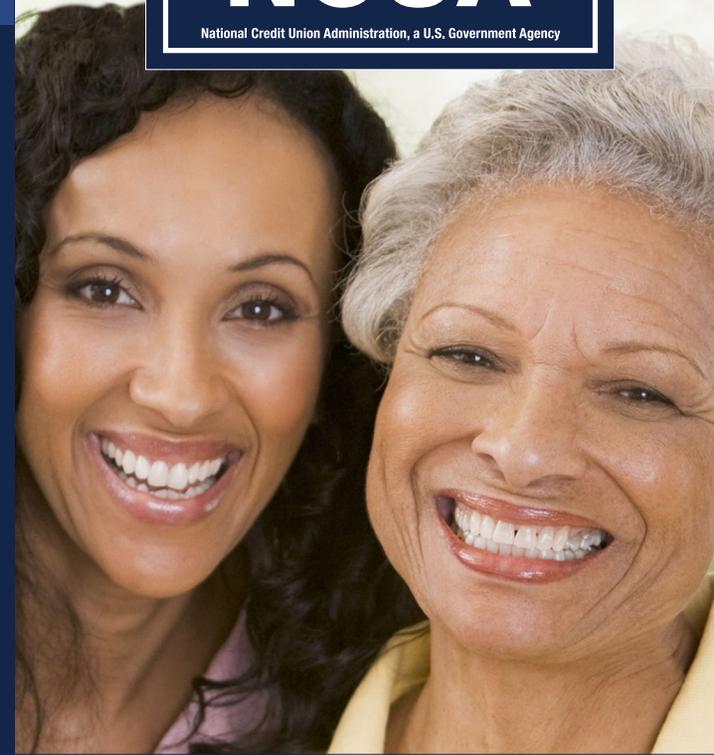


NCUA 8016 - Revisado en febrero de 2018

Your savings federally insured to at least \$250,000  
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# NCUA

National Credit Union Administration, a U.S. Government Agency



## CÓMO EL SEGURO FEDERAL ASEGURA SUS CUENTAS

Administración Nacional de Cooperativas de Ahorro y Crédito  
Oficina de Protección Financiera al Consumidor

[MyCreditUnion.gov](http://MyCreditUnion.gov)

## ¿QUÉ ES LA NCUA?

La Administración Nacional de Cooperativas de Ahorro y Crédito, conocida comúnmente como NCUA, es una agencia independiente del gobierno de los Estados Unidos que regula, autoriza y supervisa las cooperativas de ahorro y crédito federal. La NCUA también opera y administra el Fondo Nacional de Seguro de Depósitos de Cooperativas de Ahorro y Crédito (NCUSIF). Amparada por la confianza plena y el crédito del gobierno de los EE. UU., el NCUSIF asegura las cuentas de millones de titulares de cuentas en todas las cooperativas federales de ahorro y crédito y la gran mayoría de las cooperativas de ahorro y crédito autorizadas por el estado.

## ¿POR QUÉ ES IMPORTANTE LA COBERTURA DE SEGURO DE DEPÓSITOS DEL NCUSIF?

La cobertura de seguro de depósitos que se ofrece a través del NCUSIF protege a sus socios de pérdidas en caso de quiebra de una cooperativa de ahorro y crédito. Con toda confianza, puede unirse y hacer negocio con las cooperativas de ahorro y crédito con seguro federal pues ningún socio ha perdido jamás un centavo de las cuentas aseguradas por el NCUSIF.

Históricamente los fondos asegurados están disponibles a los socios justo unos días después del cierre de una cooperativa de ahorro y crédito asegurada. No es común la quiebra de las cooperativas de ahorro y crédito con seguro federal ya que solo aquellas con sólidos estándares operativos califican para recibir la cobertura NCUSIF. La NCUA también revisa con regularidad las operaciones de todas las cooperativas de ahorro y crédito federal y trabaja conjuntamente con las autoridades regulatorias del estado para evaluar las cooperativas de ahorro y crédito con seguro federal, autorizadas por el estado.

## ¿QUÉ COBERTURA BÁSICA BRINDA EL NCUSIF?

El NCUSIF brinda a todos los socios de las cooperativas de ahorro y crédito con seguro federal una cobertura de \$250,000 para sus cuentas de propiedad individual. Estas cuentas incluyen cuentas regulares de ahorro, letras de cambio (similar a cuentas de cheque), cuentas de mercado monetario, y certificados de depósito. Las personas con saldos de cuenta de \$250,000 o menos en la misma cooperativa de ahorro y crédito con seguro están totalmente aseguradas.

Si una persona posee más de \$250,000 en cualquier cooperativa de ahorro y crédito individual, hay varias opciones disponibles para la cobertura de seguro de depósitos adicional porque, como se analizó en detalle (a la derecha), el NCUSIF brinda seguros independientes para otras cuentas.

Los socios poseen cobertura total del NCUSIF en cada cooperativa de ahorro y crédito donde sean miembros que reúnan los requisitos. A pesar de que la cobertura del NCUSIF protege a los socios de todas las cooperativas de ahorro y crédito con seguro federal de pérdidas en una amplia gama de ahorros y productos de letras de cambio, no cubre las pérdidas por dinero invertido en fondos de inversión, acciones, bonos, pólizas de seguro de vida, y anualidades ofrecidas por entidades afiliadas.

## ¿EL NCUSIF BRINDA COBERTURA ADICIONAL?

Todos los socios de las cooperativas de ahorro y crédito aseguradas tienen la opción de cobertura por separado y añadida a la cobertura disponible para las cuentas de propiedad individual.

### CUENTAS DE JUBILACIÓN

Los socios con cuentas tradicionales y cuentas de jubilación individual (IRA) Roth y cuentas de jubilación KEOGH en cooperativas de ahorro y crédito con seguro federal, poseen cobertura adicional disponible en cada cooperativa de ahorro y crédito con seguro federal donde reúnan los requisitos y sean socios. El NCUSIF asegura a las cuentas tradicionales e IRA Roth por \$250,000 en el acumulado en cada cooperativa de ahorro y crédito. Además, la NCUA asegura las cuentas KEOGH por separado en el acumulado a \$250,000 en cada cooperativa de ahorro y crédito.

La protección del seguro de la cuenta de jubilación es separada y no forma parte de la cobertura de seguro en otras cuentas de la cooperativa de ahorro y crédito. Por ejemplo, si posee una cuenta regular, una IRA, y una KEOGH en la misma cooperativa de ahorro y crédito, el NCUSIF asegura la cuenta regular por hasta \$250,000; la IRA, por hasta \$250,000 adicional y la KEOGH por hasta \$250,000 adicional.

### CUENTAS CONJUNTAS

Las cuentas conjuntas son propiedad de dos o más personas que tienen iguales derechos de extracción de dinero de la cuenta y no se nombran beneficiarios. Estas cuentas pueden incluir cuentas regulares de ahorro, letras de cambio (similar a cuentas de cheque), cuentas de mercado monetario, y certificados de depósito. El NCUSIF brinda a cada cotitular de la cuenta conjunta una cobertura de \$250,000 por sus intereses acumulados en cada cooperativa de ahorro y crédito con seguro federal.

Por ejemplo, una cuenta conjunta de dos personas sin beneficiario posee una cobertura de \$500,000. Dicha cobertura es separada de, y adicionada a, la cobertura disponible para otras cuentas tales como cuentas individuales sin beneficiarios y cuentas de jubilación.

### CUENTAS DE FIDEICOMISO

El NCUSIF brinda cobertura separada para los fideicomisos conjuntos revocables e irrevocables. Las cooperativas de ahorro y crédito pueden establecer un fideicomiso común informal revocable pagadero al fallecimiento, sin documentación adicional; sin embargo, algunos fideicomisos requieren documentación adicional válida para reunir los requisitos de cobertura. A pesar de que este folleto analiza brevemente cómo el NCUSIF asegura los fideicomisos, los socios deben consultar a los profesionales indicados para establecer y documentar adecuadamente los acuerdos del fideicomiso.

### FIDEICOMISOS REVOCABLES

Las cuentas de fideicomiso revocable pueden cumplir los requisitos para la cobertura de seguro de hasta \$250,000 por beneficiario nombrado por el propietario (si es socio de la cooperativa de ahorro y crédito) que está separada de la cobertura individual disponible para el titular del fideicomiso (también conocido como otorgante o fideicomitente). Por ejemplo, si una persona con un fideicomiso revocable por \$750,000 nombra a su cónyuge y dos hijos como beneficiarios, los \$750,000 completos tendrán cobertura NCUSIF separada (\$250,000 por beneficiario). Dicha cobertura es separada de la cobertura que se brinda a otros tipos de cuenta que posea el titular del fideicomiso en la misma cooperativa de ahorro y crédito con seguro federal.

### FIDEICOMISOS IRREVOCABLES

Los fideicomisos irrevocables poseen cobertura separada basada en el derecho de usufructo. El interés de cada beneficiario en una cuenta (o en cuentas) establecida como un fideicomiso irrevocable, tiene cobertura NCUSIF separada de hasta \$250,000. En los casos en que el beneficiario tenga interés en más de un acuerdo con el fideicomiso creado por el mismo propietario, los intereses del beneficiario en todas las cuentas establecidas bajo estos fideicomisos se añaden para los fines de seguro y se aseguran por un total de hasta \$250,000.



# MEMBERSHIP APPLICATION AND UPDATE FORM

New account

Change to an Existing Account

Account Type: Savings Checking Holiday Vacation

I hereby apply for membership and agree to conform to the By-Laws of any membership Qualification Rules or amendments thereof in the 1199 SEIU Federal Credit Union. I authorize 1199 SEIU Federal Credit Union to check my account, credit, and employment histories, and obtain a credit report from third parties, including credit reporting agencies and F.I.S. Consumer Reports and to verify my eligibility for any accounts and services that I may request from the Credit Union

PRINT FULL NAME (FIRST, MIDDLE, LAST)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS		
CITY/TOWN	STATE	ZIP
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS
EMPLOYED AT	INCOME	
COMPANY ADDRESS		
JOINT OWNER (OPTIONAL)		
JOINT OWNER STREET ADDRESS (IF DIFFERENT FROM PRIMARY OWNER)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
CITY/TOWN	STATE	ZIP
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS
<b>DESIGNATION OF BENEFICIARY</b>		
I (the primary member) hereby direct that in the event of my death, all shares and/or deposits and all accrued dividends and/or interest standing to my credits shall be paid to:		
FULL NAME OF FIRST BENEFICIARY	RELATIONSHIP	PHONE #
BENEFICIARY'S ADDRESS		
FULL NAME OF SECOND BENEFICIARY	RELATIONSHIP	PHONE #
BENEFICIARY'S ADDRESS		
FOR OFFICE USE ONLY MSR	DATE	MEMBER NUMBER

## SHARE DRAFT CHECKING ACCOUNT AND CHECK CARD REQUEST

Request VISA Check Card for:

**PRIMARY OWNER**  
**JOINT OWNER**

The 1199 SEIU Federal Credit Union VISA Check Card ("VISA Check Card") will allow you to make purchases only at places that accept VISA. In addition, withdrawals from your Share Draft account can be made at any ATM displaying the "Accel", "PLUS", or ALLpoint logo. The Credit Union participates in the "verified by VISA" program, which will require you to provide/subscribe to the verification program for Internet transactions or your transactions will not be processed.

**How does it work?** Present the VISA Check Card at any merchant accepting VISA cards. The sale will be completed similar to using a credit card. You will sign the receipt and receive a duplicate. The receipt has complete information: Merchant's name, date of purchase, and amount. **Deduct the amount from your share draft account just as you do when writing a check.** The transaction will be posted to your share draft account. Keep all your receipts.

**Need cash?** Cash can be obtained at any Accel, PLUS, or ALLpoint ATM or at any Bronx & Brooklyn based Rite Aid 24 hours a day, just like you would with any other ATM card. Cash can also be requested as part of a Point of Sale (POS) transaction when using your PIN. Cash withdrawals will be deducted from your share draft account. (Charges may apply. See fee schedule for details.)

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

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

Under penalties of perjury, I certify (1) that the number 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, and that I am, unless designated below, a U.S. person (including a U.S. resident alien.)

By signing below, I acknowledge the receipt of all disclosure documents associated with the credit union products I have chosen.

**X** Signature of member \_\_\_\_\_ Date \_\_\_\_\_

**X** Signature of joint owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



# PAYROLL DEDUCTION/DIRECT DEPOSIT ALLOCATION AUTHORIZATION FORM

Initial Authorization

Change in Authorization

For questions with this form, please contact us at (212) 957-1055 ext. 1000 or 1021 or email at [memberservices@1199federalcu.org](mailto:memberservices@1199federalcu.org)

MEMBER NAME	MEMBER NUMBER	SOCIAL SECURITY #
-------------	---------------	-------------------

MEMBER ADDRESS
----------------

PAYROLL FREQUENCY WEEKLY      BIWEEKLY      MONTHLY      BIMONTHLY	EMPLOYER NAME
---	---------------

TYPE OF ACCOUNT	ACCOUNT NUMBER	DIRECT DEPOSIT/ALLOCATION AMOUNT
SHARE DRAFT/CHECKING	# _____	\$ _____ OR _____%
SHARE/SAVINGS	# _____	\$ _____ OR _____%
VACATION CLUB	# _____	\$ _____ OR _____%
HOLIDAY CLUB	# _____	\$ _____ OR _____%
SIGNATURE LOAN	# _____	\$ _____ OR _____%
AUTO LOAN	# _____	\$ _____ OR _____%
OTHER	# _____	\$ _____ OR _____%
OTHER	# _____	\$ _____ OR _____%

By signing below or otherwise authenticating, I authorize the 1199 SEIU Federal Credit Union to apply my payroll deduction for each pay period as indicated above.

**X** Signature of member \_\_\_\_\_ Date \_\_\_\_\_



# EMPLOYER PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION FORM

Initial Authorization

Change in Authorization

For questions with this form, please contact us at (212) 957-1055 ext. 1000 or 1021 or email at [memberservices@1199federalcu.org](mailto:memberservices@1199federalcu.org)

MEMBER NAME/NOMBRE DE MIEMBRO		MEMBER NUMBER/NUMERO DE MIEMBRO	
EMPLOYER/EMPLEADOR		DEPARTMENT/DEPARTAMENTO	
EMPLOYER ADDRESS/DIRECCIÓN DEL EMPLEADO		EMPLOYEE NUMBER/NÚMERO DE EMPLEADO	
HOME PHONE/TELÉFONO DE CASA	WORK PHONE/TELÉFONO DEL TRABAJO	SOCIAL SECURITY NUMBER/NÚMERO DE SEGURIDAD SOCIAL	
DEPOSIT AMOUNT/CANTIDAD DEL DEPÓSITO	PAYROLL PERIOD	CREDIT UNION R/T NUMBER: <b>226077862</b>	
NET CHECK/CANTIDAD TOTAL \$ _____	<p style="text-align: center;">WEEKLY                      BIWEEKLY</p> <p style="text-align: center;">MONTHLY                      BIMONTHLY</p>	DEPOSIT TO      CHECKING      SAVINGS	ACCOUNT NUMBER _____
<p>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 1199 SEIU Federal 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 1199 SEIU Federal Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written 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.</p>			
X Signature of member _____		Date _____	



# EMPLOYER PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION FORM

Initial Authorization

Change in Authorization

For questions with this form, please contact us at (212) 957-1055 ext. 1000 or 1021 or email at [memberservices@1199federalcu.org](mailto:memberservices@1199federalcu.org)

MEMBER NAME/NOMBRE DE MIEMBRO		MEMBER NUMBER/NUMERO DE MIEMBRO	
EMPLOYER/EMPLEADOR		DEPARTMENT/DEPARTAMENTO	
EMPLOYER ADDRESS/DIRECCIÓN DEL EMPLEADO		EMPLOYEE NUMBER/NÚMERO DE EMPLEADO	
HOME PHONE/TELÉFONO DE CASA	WORK PHONE/TELÉFONO DEL TRABAJO	SOCIAL SECURITY NUMBER/NÚMERO DE SEGURIDAD SOCIAL	
DEPOSIT AMOUNT/CANTIDAD DEL DEPÓSITO	PAYROLL PERIOD	CREDIT UNION R/T NUMBER: <b>226077862</b>	
NET CHECK/CANTIDAD TOTAL \$ _____	<p style="text-align: center;">WEEKLY                      BIWEEKLY</p> <p style="text-align: center;">MONTHLY                      BIMONTHLY</p>	DEPOSIT TO      CHECKING      SAVINGS	ACCOUNT NUMBER _____
<p>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 1199 SEIU Federal 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 1199 SEIU Federal Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written 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.</p>			
X Signature of member _____		Date _____	