

NEW ACCOUNT PACKETS INCLUDE: PLEASE RETURN ORIGINALS TO THE CREDIT UNION

Membership Booklet

This is for the member to keep. It includes the terms of membership as well as our fee schedule.

Account Card

This is a required form. It should be filled out as neatly as possible! The eligibility field should be filled in with the name of the program the employee works for.

Payroll Deduction Form

This is also a required form. **The minimum deposit per pay is \$5 into a basic savings.** This form

should be filled out with the \$ amount per pay to be deposited into the SAVINGS account.

Direct Deposit

This form should only be completed if the member wants **ALL** of their pay to come to Trouville.

If they bank elsewhere, they do not need to complete this form. If they choose to have all of

their pay come to Trouville, they will get a checking account along with a debit card.

E-statement Enrollment

If they choose to have their bank statement mailed to them they will not complete this form,

There is currently a \$2.00 charge to have paper statements mailed out.

We offer online banking with free e-statements. If they choose to go with e-statements, they

will need to fill out this form as well.

Please call or email with any questions!

Thank you,

Diane Bligen
215-951-0329

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No: _____

Street:

SSN/TIN: _____

City/State/Zip:

Driver's Lic. No: _____

Home Phone: _____

Listed Unlisted

Date of Birth: _____

Work Phone: _____

Password: _____

E-mail: _____

Membership Eligibility: _____

Employer: _____

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:

SSN/TIN: _____

Street:

Driver's Lic. No: _____

City/State/Zip:

Date of Birth: _____

Home Phone: _____

Listed Unlisted

Password: _____

Work Phone: _____

E-mail: _____

Joint Owner:

SSN/TIN: _____

Street:

Driver's Lic. No: _____

City/State/Zip:

Date of Birth: _____

Home Phone: _____

Listed Unlisted

Password: _____

Work Phone: _____

E-mail: _____

Joint Owner:

SSN/TIN: _____

Street:

Driver's Lic. No: _____

City/State/Zip:

Date of Birth: _____

Home Phone: _____

Listed Unlisted

Password: _____

Work Phone: _____

E-mail: _____

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: _____

UTMA/UGMA (as custodian for Minors Act)

(minor) under the Uniform Transfers/Gifts to

Minor's SSN/TIN: _____

Agency Print Name of Agent: _____

Signature _____

Date: _____

All Accounts Designate Specific Accounts _____

Other: _____

See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix

Suffix

Share/Savings: _____

Money Market: _____

Share Draft/Checking: _____

HSA: _____

Share Certificate/Certificate: _____

Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

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. Cross out 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. 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) _____
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AUTHORIZATION

By signing below, I/we agree 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 acknowledge receipt of a copy 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. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p>X</p> <p>Signature _____ Date _____</p>	<p>X</p> <p>Signature _____ Date _____</p>
<p>X</p> <p>Signature _____ Date _____</p>	<p>X</p> <p>Signature _____ Date _____</p>

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
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Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

RESOURCES FOR HUMAN DEVELOPMENT, INC

AUTHORIZATION FOR DIRECT DEPOSIT

Employee Name (Please Print or Type)		Social Security Number/SSN# or Employee Number	
Program Name		Unit Number	
This authorization is to: (Check appropriate box) Initiate Authorization (New) Cancel Participation Add Additional Account Change Existing Account Change Amount to Existing Account Change Financial Institution			
Direct Deposit authorizations require at least two pay periods before your paycheck will be deposited into your Account.			
PAYROLL			
If you elect to deposit to only one account, complete section called Primary only. For split deposits, complete both Primary and Secondary . Financial institutions include banks, savings & loans, credit unions, etc. Any additional direct deposits, please attach additional form.			
Primary			
Financial Institution Name Trouvaille Federal Credit Union		Financial Institution Routing No. (If checking account, leave blank and attach Void check. If savings account, ask your bank for this number.) 231988470	
Mailing Address 4700 Wissahickon Ave. Suite 126 Philadelphia. Pa 19144	Account Number	Type of Account Checking Attach Void check Savings Attach Bank Letter	
Amount in Primary Account \$ _____		Flat Amount/Net Pay	
Secondary			
Financial Institution Name		Financial Institution Routing No. (If checking account, leave blank and attach Void check. If savings account, ask your bank for this number.) _____	
Mailing Address	Account Number	Type of Account Checking Attach Void check Savings Attach Bank Letter	
Amount in Secondary Account \$ _____		Flat Amount	
If amount requested exceeds the net amount of the pay, the entire pay will go to primary account.			

I (We) hereby authorize RESOURCES FOR HUMAN DEVELOPMENT, INC herein called Company, to initiate credit entries to my (our) account(s) indicated above and the Financial Organization named above, hereinafter called Receiving Bank, to credit the same to such account(s). Charges to said account(s) initiated by Company may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me of its terminations in such manner as to afford Company and Receiving Bank a reasonable opportunity to act on it.

I may cancel this authorization at any time by completing this form indicating the action is CANCEL PARTICIPATION and giving it to RESOURCES FOR HUMAN DEVELOPMENT, INC in sufficient time for them to act on it.

PLEASE CONTACT PAYROLL IMMEDIATELY IF YOUR BANK ACCOUNT(S) CLOSSES OR CHANGES.

I have provided RESOURCES FOR HUMAN DEVELOPMENT, INC with a copy of a Void check/Bank Statement and/or letter from bank solely for the purpose of verifying my account number(s) and financial institution routing numbers.

I understand that if proper verification is not attached, my application will not be processed and will be returned until completed.

Employee Signature

Date

SEND COMPLETED FORM TO PAYROLL DEPARTMENT



Trouvaille Federal CREDIT UNION

MISSION STATEMENT

The Trouvaille Federal Credit Union is a financial cooperative owned by its members. It strives to improve the quality of life of its members by encouraging regular savings. TFCU provides access to financial education and services to its members. It particularly focuses on extending financial services to those traditionally over-looked by mainstream financial institutions.

SAVINGS

- o The share (savings) account is the primary account, which is required for credit union membership.
- o Members are encouraged to make regular share deposits by payroll deduction. Additional deposits can also be made in person at the credit union office or by mail.
- o Your savings are federally insured to at least \$250,000 by the National Credit Union Administration, a U.S. Government Agency.

DIVIDENDS

- o Dividends are paid on the regular share accounts and IRAs at the end of each quarter. The dividend rate may vary as determined by the Board of Directors.
- o Dividends are calculated by the average daily balance method. They begin to accrue on the business day on which a deposit is made to the account. If the account is closed prior to the posting of the dividends at the end of the quarter, accrued dividends will not be paid.
- o Prior to posting, dividend rates on Club accounts will be determined by the Board of Directors

TELLER TRANSACTIONS

- o Accounts can be accessed either in person or by phone with a teller during regular business hours. After regular business hours, accounts can be accessed either by phone (VRU) or through home banking through the Internet.
- o A check may be picked up after 2:00 pm if the request has been called-in during office hours and will be available for pick up until 5:00 pm at the Central Office front desk. Please Provide Proper ID
- o A member can request to have a check mailed to his or her home address.

LOANS

- o A member is eligible to apply for a loan 180 days after joining the credit union.
- o A \$25 loan application fee is required for each loan application
- o The member's share must secure all loans. The ~~deposit~~ ~~stage~~ depends on the member's credit score.
- o Current interest rates and requirement for various types of loans are available at the credit union office.

MEMBER SERVICES

- o Share (savings) accounts
- o Share draft (checking) accounts
- o ATM/DEBIT cards (with direct deposit)
- o Christmas and vacation club accounts
- o Individual Retirement Accounts (IRAs)
- o Share certificate of deposits (CDs)
- o Loans
- o Direct deposits
- o Automatic payroll deduction for both savings and loan payments
- o Home banking through the Internet
- o BALANCE Financial Fitness program
- o Home loans through First Heritage
- o Money Orders

One Time Membership Fee	\$1	
Monthly dormant account fee	\$5	
Loan Application Fee	\$25	
Return Check Fee	\$40	
Stop Payment Fee <i>(Official CU Checks)</i>	\$40	
Stop Payment Fee <i>(Member Share Draft)</i>	\$10 <i>(first month)</i>	
	\$20 <i>(each month)</i>	
NSF Fee for ACH (Electronic) Debt/Withdrawal	\$35	
Wire Transfer IN To Your Account	\$10	
Wire Transfer OUT To Your Account	\$20	
NSF Fee: <i>Checking Account</i> Bounced Check	\$30	
Photocopy of Share Draft	\$5	
Account Reconciliation	\$25/hr.	
ATM Access Fee (Monthly)	\$1	
NSF Fee: ATM withdrawal or Point of Sale Purchase	\$35	
ATM/DEBIT card Replacement	\$10	
Money Order	\$1	

OFFICE HOURS: Monday - Friday 9:30 AM- 2:00 PM
 Gimmy Lapinski, *Manager*
 Diane Bligen, *Assistant Manager*

Trouvaille Federal
 CREDIT UNION
 4700 Wissahickon Avenue Suite 126
 Philadelphia, PA 19144



Trouvaille Federal
 CREDIT UNION

PEOPLE
 HELPING
 PEOPLE



4700 Wissahickon Avenue
 Suite 126
 Philadelphia, PA 19144
 215-951-0329



Trouville Federal
CREDIT UNION

I HEREBY AUTHORIZE PAYROLL DEDUCTIONS TO BE MADE AND DEPOSITED INTO MY CREDIT UNION SHARE ACCOUNT EACH PAYROLL PERIOD UNTIL FURTHER NOTICE TO BE DISTRIBUTED AS AGREED UPON WITH THE CREDIT UNION.

NAME _____ EMPLOYEE # _____

AMOUNT OF DEDUCTION _____ NEXT EFFECTIVE DATE _____

SIGNATURE _____ DATE _____



Trouville Federal
CREDIT UNION

Go paperless! E-statements are available through home banking.

Name: _____

A/C#: _____

Email: _____

**TROUVAILLE FEDERAL CREDIT UNION
OVERDRAFT CONSENT FOR ATM & DEBIT CARD TRANSACTIONS**

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account, which is automatic transfer from savings to checking if money is available without a charge. .
2. We authorize up to \$50.00 on both Point of Sale and \$50.00 at the ATM machine while our system is offline.

**THIS NOTICE EXPLAINS OUR STANDARD OVERDRAFT PRACTICES FOR YOU ATM/Debit Card
(This pertains to transactions using your ATM/Debit Card only, not the checks you write.)**

What are the current overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- ATM and Debit Card Transactions that takes your account into a negative when you overdraw your account when using your ATM/Debit card.

We allow you an offline amount of \$50.00 that can be used at the ATM machine or Point of Sale when the system is down. Without this approval from you we will not be able to allow you to do any ATM or Point of Sales transaction while our system is offline.

What fees will I be charged if TROUVAILLE FCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$35.00 each time we pay an overdraft and the funds are not in your savings account.
- There is no limit on the daily fees we can charge you for overdrawing your account.

OPT In form.

[] I **do not** want the Trouvaille FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

[] I **want** the Trouvaille FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand that I can opt-out of this opportunity for overdraft protection in the future.

Printed Name: _____ **Date** _____
Account Number _____