

# TRENTON TEACHERS FEDERAL

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CREDIT UNION  
PO Box 9335  
Trenton, NJ 08650

Telephone (609) 890-1630  
Express Withdrawal/Fax (609) 890-1535

## INSTRUCTIONS FOR JOINING CREDIT UNION AND SUMMER SAVINGS ENROLLMENT

Attached are the Application for Membership a Member Identity Information & Verification Sheet, Personal Identification Request, Payroll Deduction for Regular Share Accounts, and Summer Savings Club Application for you to complete and return to the above address along with a check for \$5.00. The five dollars will be applied to your Share Account (which is actually a savings account on which you will draw dividends). It is required that you have a Share Account in order to be enrolled in the Summer Savings Club and have a contract with the Trenton Board of Education for the current year. This is the minimum balance you must maintain to be a member in good standing with the Trenton Teachers Federal Credit Union, established in 1938.

### FORMS TO BE COMPLETED

#### APPLICATION FOR MEMBERSHIP:

The Credit Union will complete the Account Number and Name when the form is returned to us.

Complete the rest of the application. Be sure to include your Social Security Number. Read and sign the Certification at the bottom. You must return a copy of a paystub along with the application packet.

#### MEMBER IDENTITY INFORMATION & VERIFICATION CARD

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.

To achieve this end, we must now ask for additional information from prospective members.

Complete all of the information in the MEMBER IDENTITY INFORMATION section, except the MEMBER NO.

In the GOVERNMENT ISSUED IDENTIFICATION NUMBER area, include your Social Security number.

We must now ask also that this form be notarized. You must go to a notary and sign the form at the bottom in the presence of a Notary Public, attesting to the fact that the information you provided is true and correct. Usually there is a Notary Public in the schools, or at the Board Office.

You must also return along with the application and identity information, a copy of your latest pay stub from the Trenton Board of Education. **YOU MUST ALSO INCLUDE A PHOTOCOPY OF SOME FORM OF OFFICIAL PICTURE ID. (Driver's license, Passport, etc.)**



## **PERSONAL IDENTIFICATION REQUEST**

You may make share withdrawals from your share account, not Summer Savings Club, by telephone instead of having to mail in your request. To make a withdrawal, you must first complete and return the enclosed form requesting some information. All information requested must be completed and returned before you will be allowed to make an Express Withdrawal. The most important piece of information requested is your Personal Identification Number (PIN). You will select a 4-digit number which will be used for identification along with other information about you, so that we will be able to verify each withdrawal. DO NOT share your PIN with anyone else, since it would then be possible for them to access your account.

## **PAYROLL DEDUCTION**

The Payroll Deduction form allows you to have a share (savings) account with the Credit Union. It differs from the Summer Savings Club in that you can make deposits and withdrawals throughout the school year at any time. To complete you need to sign and fill in the amount (AS DOLLAR AMOUNT, NOT PERCENT) that you wish to have deducted from your semi-monthly paychecks to be placed into your share account. This is optional, and is not required, but it is a good savings plan.

## **SUMMER SAVINGS CLUB APPLICATION (OPTIONAL)**

If you wish to take advantage of the Summer Savings Club with Trenton Teachers Federal Credit Union, you must complete and return the Summer Savings Club application to the Credit Union. This will allow you to have 10% of your gross salary submitted to the Credit Union and placed into an interest bearing account. The deductions will run from your first pay check in September until your last pay in May. Funds will be payable the last day of school.

**All business of the Credit Union is handled through the mail and telephone. There is no office for walk-in business. If you require additional information or if you are anticipating requesting a loan, call the office for additional information. Whenever you call or write, please be sure to include your telephone number where you may be reached for additional information. Once all forms are returned to the Credit Union, a new member packet along with a fee schedule, loan policy and privacy policy will be forwarded to you.**

### APPLICATION FOR MEMBERSHIP

Account Number _____	Name (To be filled in by credit union) _____	
Type of I.D. _____	I.D. No. _____	
Complete Address _____		
Husband's first or Wife's maiden name _____		
Employer _____	Bus. Phone _____	Home Phone _____
Dept. or Occupation _____		Place of Birth _____
Date of Birth _____	Mother's maiden name _____	
Membership Eligibility _____	Soc. Sec. No. or Tax Ident. No. _____	
By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the <b>TRENTON TEACHERS FEDERAL CREDIT UNION</b>		
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. This application approved by the: (Check one)		
( ) Board	( ) Exec. Committee	Date _____
( ) Membership Officer	Signed _____	
Reverse side must be completed		(Person representing approver of application)

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

#### 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## MEMBER IDENTITY INFORMATION & VERIFICATION CARD

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person 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.

### MEMBER IDENTITY INFORMATION

Member/Owner: \_\_\_\_\_ Member No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

☐ Residence Physical Address \_\_\_\_\_  
☐ Business (if different than address given above) \_\_\_\_\_

Occupation (for individual): \_\_\_\_\_ Employer: \_\_\_\_\_

Nature of Business (for business): \_\_\_\_\_

### GOVERNMENT ISSUED IDENTIFICATION NUMBER

☐ SSN/EIN: \_\_\_\_\_

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

☐ Individual Taxpayer Identification Number: \_\_\_\_\_ ☐ Alien Identification Number: \_\_\_\_\_

☐ Passport Number: \_\_\_\_\_ Country: \_\_\_\_\_

☐ Other Government Issued Document No: \_\_\_\_\_ Country: \_\_\_\_\_  
(with photograph or similar safeguard)

Describe Document: \_\_\_\_\_

### NOTARY INFORMATION

Complete if required by your credit union:

I certify that the information provided above is my true and correct identity information.

Signed \_\_\_\_\_  
MEMBER/OWNER DATE

State of \_\_\_\_\_, County of \_\_\_\_\_

City, Town, Village of \_\_\_\_\_

This person named hereon personally came before me and signed above on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

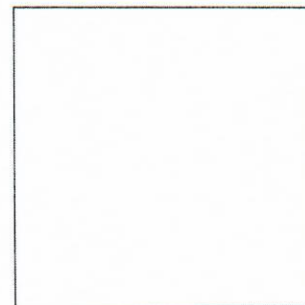
My commission expires on \_\_\_\_\_, 20\_\_\_\_.

NOTARY SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

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**For Notary Seal**  
(or, use this area if  
credit union requires a thumb print  
identification)



D4000-FK1 Rev. 05/07(V.2)  
TO ORDER 1-800-356-5012

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### IMPORTANT!!! PLEASE READ!!!

EXPRESS WITHDRAWAL will allow you to make share withdrawals from your Credit Union share account with a phone call. No more need to complete and mail a Share Withdrawal Request form. If you wish to take advantage of this service, please complete the information requested below and return this entire form in the enclosed pre-addressed envelope. Be sure to affix postage prior to mailing. Be sure to read the enclosed material which explains Express Withdrawal.

### PLEASE COMPLETE THE FOLLOWING INFORMATION

SOCIAL SECURITY NUMBER    \_\_\_\_ - \_\_\_\_ - \_\_\_\_

TELEPHONE NUMBER    ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

PERSONAL IDENTIFICATION NUMBER (PIN)--You select the number using the digits 0-9. Each time you call for a withdrawal, you must supply this number. Do not share this number with anyone else. If you do not know your number when making a request, the request will be denied. Provide a 4-digit number.

PIN    \_\_\_\_

I wish to be able to take advantage of Express Withdrawal of the Trenton Teachers Federal Credit Union. I have read the material that was enclosed with this form explaining the workings of Express Withdrawal and understand what is expected of me. I understand that withdrawals will be sent only to the person named in the account, to the address that is on file with the Credit Union. I understand that withdrawals can be made only on funds that are currently available for withdrawal which does not include pledged shares against a loan, or deductions from my paycheck that have not been received by the Credit Union.

PRINT NAME: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Complete the requested information above, sign and date, and return this entire form back to the Credit Union.



**TRENTON TEACHERS  
FEDERAL CREDIT UNION**

**PAYROLL DEDUCTION  
DIRECT DEPOSIT  
AUTHORIZATION**

**EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**

Member: \_\_\_\_\_ Member No: \_\_\_\_\_  
Employer: TBOE SSN/TIN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Payroll No: \_\_\_\_\_

☒ Initial Authorization ☐ Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: ☐ Net Check ☒ \$ \_\_\_\_\_ Payroll Period: ☐ Weekly ☐ Monthly  
Credit Union R/T No: SAVINGS ☐ Biweekly ☒ Semi-Monthly  
Deposit To: ☒ Savings ☐ Checking Account No: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature EMPLOYER COPY Effective Date

**CREDIT UNION DIRECT DEPOSIT AUTHORIZATION**

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

Share Draft/Checking	# _____	\$ _____	or _____	% _____
Share/Savings	# _____	\$ _____	or _____	% _____
Money Market	# _____	\$ _____	or _____	% _____
Loan	# _____	\$ _____	or _____	% _____
Loan	# _____	\$ _____	or _____	% _____
IRA	# _____	\$ _____	or _____	% _____
Other: _____	# _____	\$ _____	or _____	% _____
Other: _____	# _____	\$ _____	or _____	% _____
		TOTAL \$ _____	or _____	% _____

**LOANLINER.**

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D1200(3)  
TO ORDER 1 800-356-5012

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## TRENTON TEACHERS FEDERAL CREDIT UNION SUMMER SAVINGS CLUB

The Trenton Teachers Federal Credit Union will continue with the Summer Savings Club during the current school year. It will be similar to the Summer Savings Program currently offered by the Trenton Board of Education. There will be a few differences with the initial plan:

- Deductions will run from September of the current school year through the last pay in May. This will be a 9-month program. It is being limited to 9 months so that distribution of the funds can be made on the last day of school. This means the check you receive on the last day of school will be smaller (9 month's deductions) but your last two pay checks from the Board in June will be larger.
- Guaranteed distribution of funds from the Summer Savings Club will be made on the last day of the school year mailed to the address on file (unless other arrangements in writing have been made with the Credit Union at least one month in advance).
- Quarterly dividends will be applied to the funds on deposits in the Summer Savings Club from day-of-deposit to day-of-withdrawal. Current dividend rate is .05% which may be adjusted on a quarterly basis.
- Withdrawal of funds from the Summer Savings Club cannot be made at any other time of the school year except the last day of school with the exception of:
  - death of member
  - termination
- **In order to be eligible for the Summer Savings Club, you must be a member of the Trenton Teachers Federal Credit Union and have a contract with the Trenton Board of Education for the current school year.**
  - If you are currently a member of the Credit Union, you only need to download and return the Summer Savings Club Enrollment form and return it to the Credit Union
  - If not currently a member, you may go online to download the following forms:

**WEBSITE--**      **<https://sites.google.com/site/trentonteachersfcu/home>**

- Application for Membership
- Member Identity Information & Verification Card
- Payroll Deduction Authorization (Share Account)
- Personal Identification Request
- Summer Savings Club Enrollment

All forms would have to be returned to the address shown on the instructions along with a **check for \$5.00 (for new members)** which is the minimum amount you must keep with the Trenton Teachers Federal Credit Union in a Share Account (Savings).

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### TRENTON TEACHERS FEDERAL CREDIT UNION SUMMER SAVINGS CLUB ENROLLMENT AND AGREEMENT FORM

I agree to enroll in the Summer Savings Club with the Trenton Teachers Federal Credit Union through payroll deduction with the Trenton Board of Education. I request the Payroll Department of the Trenton Board of Education to deduct 10% from my bi-monthly contractual base salary during the period of the first pay in September of the current school year through the last pay in May of the current school year.

I agree that I must submit a signed written request addressed to the Treasurer, Trenton Teachers Federal Credit Union to cancel the plan and have deductions stopped. However, once stopped, deductions cannot be resumed until the next school year.

I agree that accumulated summer savings deductions is payable the *last day of school* (mailed to the address on file unless other arrangements in writing have been made with the Credit Union at least one month in advance of payment) or upon death or termination of employment if earlier, no exceptions.

It is agreed that when gross salary is insufficient to provide for the savings deduction plus the mandatory and voluntary deductions now in effect covering income tax, social security and other statutory deductions, the savings deduction will be secondary to all others.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

TTFCU Account: \_\_\_\_\_ (Entered by Credit Union)

Reviewed/Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TTFCU Treasurer

Reviewed/Entered by: \_\_\_\_\_  
Trenton BOE Payroll Department Personnel

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