



WHY OPEN A CHECKING ACCOUNT WITH HEFCU.

IT'S FREE THAT'S WHY!
And no waiting for a check to be mailed!

- | | |
|--------------------------------------|------------------------|
| FREE ONLINE BANKING/BILL PAY | NO PER CHECK CHARGE |
| FREE MOBILE APP/MOBILE CHECK DEPOSIT | NO MONTHLY SERVICE FEE |
| VISA DEBIT CARD | DIRECT DEPOSIT |
| OVERDRAFT PROTECTION | COURTESY PAY AVAILABLE |
| FEDERALLY INSURED | |

40 FREE CHECKS WITH FIRST PAID ORDER
ACCESS TO OVER 55,000 NO-SURCHARGE ATM MACHINES
Over 4,000 SHARED BRANCH LOCATIONS NATIONWIDE
 Visit our website, www.hefcu.com, for locations nearest you!

If you would like the right financial solution, then open a HEFCU Checking Account today. Simply complete the application below and return it to our office via fax (609-275-4194), email (hefcu@hefcu.com) or mail to:

HEFCU
 29 Emmons Drive
 Suite C40
 Princeton, NJ 08540



29 Emmons Drive, Suite C40
 Princeton, NJ 08540
 Phone: (609) 951-0700
 (800) 624-3312
 Fax: (609) 275-4194
www.hefcu.com

Please send me a VISA Debit Card

IMPORTANT: Activate your card and create your PIN using the phone number provided when you receive your card. Please be sure to review the card disclosures enclosed with your card.



NOTE: Your debit card will be ordered upon first deposit.

Overdraft Privileges*

Add Coverage - I **want** HEFCU to authorize and pay overdrafts on my everyday debit card transactions using Courtesy Pay. I understand I can opt out at any time.

I would like to sign up for Overdraft Protection. This authorizes the automatic transfer of funds from my savings to checking account as needed.

I would like to opt out of Courtesy Pay, which means checks and ACH debits presented on insufficient balances will not be paid. I understand that I will be automatically enrolled for this service if I qualify.

I have read and agree to all the disclosures on this and reverse side. I further understand I must be a member of HEFCU to have a checking account and must maintain at least \$10.00 in a regular savings account.

HEFCU Account # _____

Member Name _____ Date of Birth _____

Address _____

City State Zip _____

Social Security # _____ Driver's License # _____

Home Phone # _____ Cell Phone # _____

Joint Member Name _____ Date of Birth _____

Relationship to Applicant _____

Social Security # _____ Driver's License # _____ Home Phone # _____

X _____
 Member's Signature _____ Date _____

X _____
 Joint Member's Signature _____ Date _____

I agree that all information contained in this application is accurate.

*Fees may apply, please refer to our fee schedule

SHARE /DRAFT CHECKING DISCLOSURE

I /We hereby authorize Healthcare Employees Federal Credit Union (the Credit Union) to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or any of us) and to charge all such payments against the shares in this account. It is further agreed that:

(a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this account.

(b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account; the Credit Union may, however, pay such a share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is eligible to withdraw shares.

(c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.

(d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.

(e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.

(f) Any objection respecting any item shown on the periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.

(g) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.

(h) If this Agreement is signed by more than one person, the persons signing on the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions printed on this application.

(i) I /We authorize the Credit Union to check my/our credit and employment history and report my/our credit performance to others that may properly receive this information. I /We understand that you may contact me/us for further information and that this application must be completed for the Credit Union to process my/our request.

ADDITIONAL TERMS AND CONDITIONS (Joint Share Draft Account Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors, shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.