

Credit Union of New Jersey Product Menu

Internet Banking

Access your accounts 24/7 using Credit Union of New Jersey's free internet banking service, PC DirectSM. At www.CUNJ.org, you can access your account information by entering your account number and either the last four digits of your Social Security Number or your Touch Tone Teller PIN.

- ◆ 24/7/365 Convenience
- ◆ View Balances and Transaction History
- ◆ Make Transfers & Payments
- ◆ Free E-Statements
- ◆ Real Time Processing
- ◆ State of the Art Security Features and more!

Bill Payer

Bill Payer offers you the economic convenience of paying your bills from your computer - anytime and anywhere! Simply sign up online at our web site, www.CUNJ.org. All you need is a CUNJ checking account!

- ◆ Easy to Use, Just Point and Click
- ◆ Time Saving
- ◆ Set Up One Time or Recurring Payments

Relationship Rewards

Relationship RewardsSM is a program which recognizes and rewards participation in your Credit Union. The more you use CUNJ's products and services, the more rewards you receive. Depending on your reward level, you'll receive important benefits like:

- ◆ Bonus Dividend Rates
- ◆ Loan Discounts
- ◆ Reduced Fees
- ◆ Additional Free Services

Mission Statement

Credit Union of New Jersey is a member-owned and directed organization dedicated to providing superior financial services to its members. We aspire to be your primary financial institution, providing a full array of lifetime financial services to you and your family.

Contact Information

*For Branch Hours & Locations
Contact Our Call Center*

609-538-4061

800-538-4061

Monday - Wednesday 8:30 am - 5:00 pm

Thursday and Friday 8:30 am - 6:00 pm

Saturday 9:00 am - 12:00 pm

Mailing Address

P.O. Box 7921
1301 Parkway Avenue
Ewing, NJ 08628

24 Hour Touch Tone Teller

609-538-4046

800-653-6828

24 Hour Lending Center

800-606-3304

www.CUNJ.org

Membership Information



**CREDIT UNION
of NEW JERSEY**



AMERICA'S
CREDIT UNIONSSM



**CREDIT UNION
of NEW JERSEY**

Welcome to Credit Union of New Jersey

Thank you for your interest in Credit Union of New Jersey. The credit union philosophy of "people helping people" and our commitment to service makes us second to none. Credit Unions offer members better rates, less fees and a full line of financial products, all with unsurpassed service. We look forward to serving your financial needs.

Membership

Each member of Credit Union of New Jersey holds a "share" in the credit union. This share grants the member individual ownership in the credit union and enables the member to access our entire line of financial products and services.

To open a share account, you must be eligible for membership through a family member, an affiliated chamber association, the community of Ewing, a participating employer or the state of New Jersey. For a full listing of membership eligibility visit us online at www.CUNJ.org.

Membership is available to you and your family at no cost. A membership can be opened with as little as \$25. Once a member, always a member, regardless of employer. We look forward to being your family's preferred financial institution.

To apply for membership:

1. Complete the attached Membership Application.
2. Obtain a payroll form from your employer or CUNJ to sign up for Direct Deposit or Payroll Deduction.
3. For an ATM card or a VISA® Check Card (checking account required), obtain and complete a STAR® application.
4. Return the above items with a \$25 opening deposit to any branch or mail to
P.O. Box 7921
Ewing, NJ 08628.
For assistance, please call
609-538-4061.



Convenient Account Access

We offer many services that allow you to access your accounts from the convenience of your home, the office or while traveling – at no cost!

- ◆ **Direct Deposit** – With Direct Deposit, your entire check, retirement and government-issued checks can be electronically transferred and deposited into your credit union account every pay.
- ◆ **Payroll Deduction** – Payroll Deduction automatically deposits a portion of your net paycheck into your credit union account each pay. It is a convenient, hassle-free way to make loan payments and save or invest on a regular basis. To sign up for Direct Deposit or Payroll Deduction, you'll need our Routing and Transit number: 2312-7861-4.
- ◆ **VISA® Check Card** – Free with your checking account, the CUNJ VISA Check Card lets you pay for purchases anywhere VISA is accepted. The purchase amount is deducted automatically from available funds in your Checking Account. You also use this card to access your account at any ATM.
- ◆ **Surcharge-Free ATM Network** - We participate in a network of more than 33,000 surcharge-free ATMs. Visit us online for a complete list of ATMs in the network.
- ◆ **Touch Tone Teller** – This free service allows you access to your credit union account from a touch-tone phone, anytime day or night. You can make balance inquiries, loan payments, transfers, and more!
- ◆ **24-Hour Loans By Phone** – Applying for a loan has never been so convenient. Simply call 1-800-606-3304 to apply over the phone 24 hours a day, seven days a week. You'll get fast answers, and a real person takes the call.
- ◆ **Shared Branching** – Shared Branching is a network of credit unions across the nation that have linked together to serve you better. You can conduct transactions at these alternative locations just as you would at CUNJ. Simply bring your account number to any participating credit union office. For a complete listing of all US locations, visit www.creditunion.net.

Credit Union of New Jersey Product Menu

Savings & Investments

- ◆ Share Savings Accounts
- ◆ Money Market Accounts
- ◆ Traditional, Roth and Education IRAs
- ◆ Certificates and IRAs
- ◆ Young Savers Club for Children
- ◆ Holiday/Vacation Club Accounts



Checking

- ◆ Free Checking Accounts
- ◆ Interest Checking Accounts
- ◆ Senior Checking Accounts
- ◆ Student Checking Accounts
- ◆ Free VISA® Check Card
- ◆ 33,000+ Surcharge-Free ATM Network
- ◆ Free Internet Banking
- ◆ Internet Bill Payer
- ◆ Overdraft Protection
- ◆ 24/7/365 Access



Loans

- ◆ Auto Loans
- ◆ Mortgage Loans
- ◆ Home Equity Loans & Lines
- ◆ Personal Loans & Lines of Credit
- ◆ Student Loans
- ◆ 24 Hour Loans by Phone
- ◆ Refinancing



VISA® Credit Cards

- ◆ No Annual Fee
- ◆ Fixed Low Rates
- ◆ 25 Day Grace Period
- ◆ Same Rate for Cash Advances
- ◆ 24 Hour Cash Access
- ◆ Convenience Checks
- ◆ Travel Accident Insurance



CUNJ Loan Application

Please print or type

- NEW VEHICLE LOAN REFINANCING (Additional forms may be required)
 USED VEHICLE LOAN PERSONAL LOAN
 VISA* CREDIT CARD OTHER _____
 For home equity loans, please apply online at www.CUNJ.org

AMOUNT REQUESTED \$

APPLICANT INFORMATION

- INDIVIDUAL
 JOINT

ACCOUNT NUMBER: _____ SOCIAL SECURITY NUMBER _____

LAST NAME FIRST NAME MI BIRTH DATE

HOME ADDRESS _____ HOME PHONE _____

CITY STATE ZIP WORK PHONE

EMPLOYER NAME AND ADDRESS _____

DATE EMPLOYED JOB TITLE GROSS EMPLOYMENT INCOME
\$ _____

* Alimony, child support or maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.
OTHER INCOME \$ _____ SOURCE OF OTHER INCOME* _____
\$ _____ PER _____

ARE YOU LIABLE FOR ALIMONY, CHILD SUPPORT, OR MAINTENANCE PAYMENTS?* (Circle One)
No Yes If yes, \$ _____ per _____ for _____ months

HAVE YOU HAD A BANKRUPTCY IN THE PAST 7 YEARS? (Circle One)
No Yes If yes, what year?

NAME OF THE NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE NUMBER _____

CO-APPLICANT INFORMATION (ONLY IF REQUESTING JOINT ACCOUNT)

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

HOME ADDRESS _____ BIRTH DATE _____ HOME PHONE _____

CITY STATE ZIP WORK PHONE

EMPLOYER DATE EMPLOYED GROSS EMPLOYMENT INCOME
\$ _____

ASSETS

VALUE OF HOME \$ _____ CURRENTLY OWE \$ _____

DESCRIPTION OF VEHICLE
YEAR MAKE MODEL MILEAGE

PLEASE SIGN THIS REQUEST FORM

The above statements are submitted for the purpose of obtaining credit and are certified to be true, complete and correct. If I have applied for a Visa credit card, I acknowledge receiving and agree to be bound by the terms of the Visa credit card agreement and disclosure. If I have applied for a loan, by signing, I agree to be bound by the terms and conditions of the loan. I authorize the Credit Union to check my/our credit and employment history and to answer questions about its credit experience with me/us. I/We understand that the Credit Union will retain this application whether or not it is approved. Each person signing this application agrees to be jointly and severally responsible for payment of the account. I/We pledge all shares which we have on deposit with Credit Union of New Jersey, both now, and in the future, to secure any amounts which I/We owe the credit union pursuant to this agreement both now and in the future.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Membership Application

MEMBER NAME: _____

ACCOUNT #: _____

SOCIAL SECURITY #: _____

ACCOUNT TYPE

- SHARE/SAVINGS MONEY MARKET
 SHARE DRAFT/CHECKING HOLIDAY CLUB
 VACATION CLUB OTHER

ACCOUNT SERVICES

- DIRECT DEPOSIT VISA CHECK CARD
 PAYROLL DEDUCTION ATM CARD
 OVERDRAFT PROTECTION E-STATEMENTS
 INTERNET BANKING TOUCH TONE TELLER

MEMBER APPLICATION AND INFORMATION

HOME ADDRESS _____

CITY STATE ZIP

HOME PHONE _____ DATE OF BIRTH _____

WORK PHONE _____ DRIVERS LICENSE NUMBER _____

MOTHER'S MAIDEN NAME _____ EMPLOYER _____

ELIGIBILITY FOR MEMBERSHIP

POSITION/TITLE YEARS EMPLOYED FULL TIME PART TIME HRS. _____

INCOME: GROSS MONTHLY INCOME (or) NET MONTHLY INCOME
\$ _____ \$ _____

HOME: OWN RENT YEARS MONTHLY PAYMENT
\$ _____

ACCOUNT OWNERSHIP

- Individual Joint Account with Survivorship

JOINT OWNER NAME _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY STATE ZIP

HOME PHONE _____ DATE OF BIRTH _____

WORK PHONE _____ DRIVERS LICENSE NUMBER _____

E-MAIL _____ EMPLOYER _____

To add additional account owners, please contact Credit Union of New Jersey.

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts

Designate specific account(s) _____

BENEFICIARY/
POD PAYEE _____ BENEFICIARY/
POD PAYEE _____

STREET _____ STREET _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

UTTMA/UGMA (As custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act)

MINOR'S TIN/SSN _____

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,
 (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. person (including a U.S. resident alien).

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

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. By signing below, you certify that the information on this Membership Application (front and back) is complete, true and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you acknowledge that you have received, read and agree to the terms of the following Agreements applicable to the accounts and services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.
- **Overdraft Loan Agreement.** If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth in Lending Disclosure.
- **Credit Card Agreement.** If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account.
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provision of this Membership Application other than the certifications required to avoid backup withholding.

X _____ Date _____
 Signature

X _____ Date _____
 Signature

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Loan Approved By _____ Amount Approved \$ _____
 Date of Membership _____ Opened/App'd by _____

Member Verification

Drivers License Passport Alien ID Other _____

Location of ID Issuance (State, Country) _____ ID Expiration Date _____

ID Number: _____

Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

YES! I want the advantages of a low interest rate Credit Union of New Jersey VISA® Credit Card. Please pay off my other outstanding credit card balances!

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Account # _____ Payoff Balance _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Account # _____ Payoff Balance _____

You are hereby authorized to pay off the amount shown on the above charge account(s) by issuing the check(s) as indicated and adding the balance to my Credit Union of New Jersey VISA account (may not exceed credit limit).

Signature _____

Date _____

A complete description of our VISA program is contained in the "Credit Union of New Jersey's VISA Cardholder Agreement and Disclosure". You may obtain a copy by writing CUNI, you need not apply first.

CREDIT REFERENCE

Check One: OWN RENT LIVE WITH PARENTS OTHER

YEARS AT CURRENT ADDRESS _____ TOTAL MONTHLY MORTGAGE/RENT PAYMENT _____
 \$ _____

VISA® DISCLOSURE AND ACKNOWLEDGMENT

	Classic	Gold	Platinum
Annual Percentage Rate	As low as	As low as	Fixed Rate
For Purchases and Cash Advances	10.95%	9.95%	8.99%
For Balance Transfers**	As low as 10.95% (5.9% first 6 months)	As low as 9.95% (5.9% first 6 months)	8.99% (5.9% first 6 months)
Variable Rate Index & Spread	Does Not Apply	Does Not Apply	Does Not Apply
Annualized Membership Fee	None	None	None
Grace Period For Purchases	25 Days After Statement Date*	25 Days After Statement Date*	25 Days After Statement Date*
Transaction Fee for Purchase/Cash Advance	None	None	None
Minimum Finance Charge	50¢	50¢	50¢
Late Fee	\$29	\$29	\$29
Method of Computing Balance for Purchase	Average Daily Balance Including New Purchases	Average Daily Balance Including New Purchases	Average Daily Balance Including New Purchases
Over-the-Limit-Fee	None	None	None
International Transaction Fee	1%*	1%*	1%*

*Of foreign transactions in USD *** *Of foreign transactions in USD**** *Of foreign transactions in USD****

* There is no finance charge on purchases during any month where the "New Balance" shown on your previous statement was paid in full or before the due date shown, or if the "New Balance" on your previous statement was zero or a credit balance. The information about the costs of the cards described in this application is accurate as of 4/12/06. For a current update, call 609-538-4061.

** Introductory balance transfer rate valid for six months, after which standard purchase APR will apply.
 *** Foreign transactions includes any transaction converted to US currency. It also includes any cross-border transactions, where the licensed VISA® merchant and issuer are located in different countries, regardless of whether the transaction requires a currency conversion.

Mail Completed Applications To:
CREDIT UNION OF NEW JERSEY
 P.O. Box 7921
 Ewing, NJ 08628