

SWITCH TO GREAT CHECKING WITH WUHEFCU CHECKING ACCOUNTS

Two different checking accounts are available depending upon your individual spending needs.

FREE Share Draft Checking Account

- No monthly service fees
- No minimum balance requirements

Dividend Bearing Share Draft Checking Account

- Earns dividends on average daily balances over \$500
- The monthly service fee is waived if a minimum balance is maintained
- Dividends are posted monthly with earnings clearly itemized on your account statement

ADDITIONAL BENEFITS

- There are NO PER-CHECK CHARGES regardless of your checking account type or balance.
- No payroll deduction or direct deposit required.
- First 50 checks are FREE

THINKING ABOUT MOVING YOUR CHECKING ACCOUNT TO WUHEFCU?

Making the switch to WUHEFCU is easy – and a smart decision. Here is a hassle free way to do it quick, easy and in just a few steps.

1. Open your new WUHEFCU Checking Account
2. Tell others (payroll, billers, etc.) that you've opened your account
3. Enjoy!

And just in case it wasn't simple enough, here's another added bonus – most of the things you need to make the switch are already in your hands. Just fill out the application and drop it off at WUHEFCU or mail it to the address listed.

We'll take care of opening your account. As for the second step, there are only a few pieces of information that you'll need to change your direct deposit and any automatic debits. This information has been included so that you can just tear it off and take it with you. Once your WUHEFCU representative gives you your account number, you'll be all set. Now enjoy all the benefits of your new WUHEFCU account.

LOCATION & HOURS

259 First Street
 Mineola, NY 11501-3957
 Phone 516-663-2230
 Fax 516-663-4494

Monday: 12:00 PM to 7:00 PM
 Tuesday thru Thursday:
 8:00 AM to 3:00 PM
 Friday: 6:00 AM to 1:00 PM

FOR EASY ACCESS

After Hour Call Center:
 866-363-9266

Loans-By-Phone:
 866-682-0475

Audio Response Transactions (ART)
 Available 24/7

www.wuhefcu.org



WINTHROP UNIVERSITY HOSPITAL
 HOSPITAL EMPLOYEES
 FEDERAL CREDIT UNION

8014DH011/08

Time to Make
 the Switch



WINTHROP UNIVERSITY HOSPITAL
 EMPLOYEES FEDERAL CREDIT UNION

If you are a current member and want to move your checking account to WUHEFCU, fill out the following form.

CURRENT MEMBER:

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

MEMBER ACCOUNT NUMBER _____

EMAIL _____

- Place in sealed envelope and mail to:
Winthrop University Hospital Employees
Federal Credit Union
259 First St
Mineola, NY 11501

YOU MAY BE ELIGIBLE THROUGH ANY ONE OF THE FOLLOWING:

I am an Employee of Winthrop University Hospital
Employee ID # _____

I am a family member of an existing member
Family member's full name _____

I am an Employee of one of the Sponsor Companies of WUHEFCU
Name of company _____

PRIMARY APPLICANT

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DRIVERS LICENSE #* _____ STATE _____ MOTHER'S MAIDEN NAME _____

JOINT APPLICANT

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DRIVERS LICENSE #* _____ STATE _____ MOTHER'S MAIDEN NAME _____

*Please include a photocopy of your state issued driver's license or I.D. card for each member listed on this account, and \$5 to open your account and become a member.

DISCLOSURE INFORMATION: By signing this application, I agree that the use of the account shall be governed by the terms and conditions outlined in the "Membership and Account Agreement". The named person will also be subject to the terms and conditions outlined in the "Membership and Account Agreement". Refer to the "Rates and Fees" schedule for other applicable charges. By completing and signing this application, you are giving WUHEFCU the authority to establish credit union membership and to open a CHECKING account along with other requested services. Restrictions may apply. Credit approval may be required.

Signature _____ Date _____

Signature _____ Date _____

SEND ME MORE INFORMATION ON:

- | | |
|--|--|
| <input type="checkbox"/> Dividend Bearing Share Draft | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Share Certificates | <input type="checkbox"/> Home Banking |
| <input type="checkbox"/> Holiday/Vacation Club Account | <input type="checkbox"/> E-Bill Pay |
| | <input type="checkbox"/> Electronic Statements |

LOANS

- | | |
|--|---|
| <input type="checkbox"/> Auto (New & Used) | <input type="checkbox"/> Share Draft Line of Credit |
| <input type="checkbox"/> Visa Credit Card | <input type="checkbox"/> Home Equity Line of Credit |
| <input type="checkbox"/> Vacation Loan | <input type="checkbox"/> Mini-Home Equity |
| <input type="checkbox"/> Signature Loan | |

FOR WUHEFCU USE ONLY

Member# _____ Date opened _____

CU Representative Initials _____ Opened by _____

Disclosures mailed _____

Member Name _____

Member Account Number _____

Home Address _____

City _____ State _____ Zip _____

Routing Number 221476691



AUTOMATED PAYMENT CHANGE COUPON

Member Name _____

Member Account Number _____

Home Address _____

City _____ State _____ Zip _____

Routing Number 221476691



Mailing Instructions:

- Complete and sign the application.
- Tear application away from Direct Deposit and Automated Payment Coupons to use for later.
- Include a copy of your state issued driver's license, State ID or eligible employee badge for each member listed on application, and \$5 to establish membership.
- Place in sealed envelope and mail to:

Winthrop University Hospital Employees Federal Credit Union
259 First St
Mineola, NY 11501