

## HOW DO YOU JOIN?

Employees of member organizations can join by filling out a membership application, paying a \$5.00 one time membership fee and depositing \$5.00 into a share account. An application card is attached for your convenience. Accounts for minor children are established by either parent signing the membership card and joint member agreement. At least one parent should sign as a joint owner. It is advisable that all members provide joint owners on their share accounts whenever possible to allow easy access to the account upon the members death. Membership in this credit union is for life thereby allowing a member who retires or leaves the field of membership to retain full membership privileges.

## DIVIDENDS

Your Board of Directors, which meets monthly to transact business, will declare the dividend on the basis of the earnings report. For share accounts, dividends are calculated by the average daily balance method, which applies a periodic rate to the average daily balance in the account for the period. The dividend is calculated using the average daily balance for each month in the dividend period. In other words, the average daily balance is calculated one month at a time. The average daily balance is found by averaging each days' ending balance for that month.

## HOW CAN I MAKE DEPOSITS AND PAY LOANS?

The easiest way is through payroll deductions, which can be arranged by signing an authorization card or through direct deposit from your employer. However, personal checks and money orders are acceptable also.

## HEMA FCU COMPLIES WITH THE USA PATRIOT ACT

This act mandates that we obtain specific information when opening a new member account or adding a signer to an existing account. This information includes name, address, date of birth, residence address, mailing address and an identification number from an un-expired identification card with a photo.

We are required to obtain specific types of identification when opening a new member account or adding a person to an existing member account. We will accept a state issued drivers license, a military identification card, a passport, or an employer identification card. At least one piece of identification must include a photo. We also must follow regulatory requirements to check names against the Office of Foreign Control (OFAC) list and report any results as mandated by regulation. We may take additional steps to confirm the identity of new members or persons being added to existing account, which may include any or all of the following:

1. Requesting a credit report.
  2. Checking a reference from a previous financial institution.
  3. Performing a contract process after an account is opened.
  4. Confirming employment with an employer.
- If we cannot confirm your identity using one of the methods described above, we may not open your account, or add a person to your account, and we may block or close your account after it is opened and follow any other processes as required by law or regulation.

**PLEASE BE SURE TO INCLUDE A COPY OF A CURRENT PHOTO ID WITH YOUR DEPOSIT FOR MEMBERSHIP IN HEMA FCU**

## Payroll Deduction Card

Name \_\_\_\_\_ Acct No \_\_\_\_\_

Employee No  SS# \_\_\_\_\_

TO CREDIT UNION TREASURER I have this day authorized the Paymaster of \_\_\_\_\_

to deduct the following amount from my pay.

each payroll period or  \_\_\_\_\_

until further notice from me.

Start  Change  \$

Date \_\_\_\_\_ Effective Date

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

MEMBERSHIP APPLICATION			
Account Number	Street		Name (Last, First, Middle Initial)
Complete Home Address	City		State
Employer (Division, Department)	Occupation	Work Telephone	
Date of Birth	Husband's first name of wife's maiden name	Home Telephone	Social Security Number
I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the HEMA FEDERAL CREDIT UNION.			
Under penalty or perjury, I certify (1) 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 has notified me that I am no longer subject to backup withholding. Please strike out the language in item (2) if you have been notified that you are subject to backup withholding and have not received a notice from the Internal Revenue Service advising you that backup withholding has been terminated. I acknowledge receipt of W-9 instructions.			
NON-TRANSFERABLE	APPLICANT SIGN HERE	Date	
*As determined in 12 CFR Part 204		Do Not Print	
This application approved by the Membership Officer			

## HEMA FCU FEE SCHEDULE

- \$5.00 - One time membership fee
- \$10.00- Each share withdrawal that results in the remaining balance to be below \$200.00.
- \$30.00- Deposited check/items that are returned unpaid for any reason
- \$30.00- Stop payment of a withdrawal check before 10 working days.
- \$5.00 - Duplicate copy of a quarterly statement.
- \$15.00- Account research fee. (\$25.00 per hour for history prior to most recent statement)
- \$5.00 - To close your account if closed within 6 months of opening.
- \$50.00- For any attachment, garnishment or levy placed on your account.
- \$1.00 - Per month dormant account fee after 6 months of inactivity.

Fees are subject to change by the Board of Directors at any time

### JOINT SHARE ACCOUNT AGREEMENT

The HEMA FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment funds or the transaction of any business for this account. The joint owners of this account, hereby agree with each other and with said 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 or them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment.

Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The right of 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 said credit union which shall not affect transactions therefore made

Joint Account No. \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owners (Each joint owner should sign)

## OUR POLICY ON CONFIDENTIALITY

### EARNING YOUR CONFIDENCE.... PRESERVING YOUR TRUST

#### Categories of Information That We May Collect

We collect nonpublic personal information about you from the following sources:

Information we receive from you on applications or other forms, such as: your name, address, social security number, assets and income.

Information about your transactions with us, our affiliates, or others, such as: your account balance, payment history, parties to transactions, and credit card usage.

Information we receive from a consumer reporting agency, such as: your creditworthiness and credit history.

#### Categories Of Information that We Disclose

We do not disclose any nonpublic personal information about our members or former members to anyone, except as required by law.

#### Disclosure As Permitted By Law

We may disclose all of the information we collect, as described above to service providers and companies that perform services on our behalf. (for example - an auditing firm hired by the credit union)

#### Confidentiality and Security

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information. If you ever have questions or concerns about the integrity of your account information, please contact us.

HEMA Federal Credit Union  
8701 Georgia Ave., Suite 407  
Silver Spring, MD 20910  
Phone 301-588-1860  
Fax 301-495-0764

# HEMA

**HEALTHCARE  
EMPLOYEES MID-  
ATLANTIC FEDERAL  
CREDIT UNION**

8701 Georgia Ave., #407  
Silver Spring, MD 20910  
301-588-1860 Phone  
301-495-0764 Fax

Monday - Friday  
10AM - 4 PM

A credit union is a means through which people pool their savings for the mutual benefit of all. A credit union is owned solely and entirely by its shareholders - its depositors. It is operated for the benefit of its shareholders. The members elect a Board of Directors who serves without pay. The Directors hire the credit union manager, establish policies and review operating results each month to insure your interest and protection. All directors must be a member of the credit union. Every member is entitled to one vote at the annual meeting.

Your savings federally insured to at least \$250,000  
and backed by the full faith and credit of the United States Government

# NCUA

National Credit Union Administration, a U.S. Government Agency