



**Industrial
Distributors**
Federal Credit Union

3615 Euclid Avenue, Suite 1B • Cleveland, Ohio 44115
P.O. Box 93656 (44101-1925) • Telephone (216) 432-3230

Instructions for filling out the IDFCU Membership, Acknowledgement, and Authorization Cards:

- New members must fill out all three cards.
- Changes in payroll deductions require you complete an Acknowledgement card, and a Payroll Deduction Authorization card.
- Return all cards to the IDFCU office.
- Make sure the IDFCU is always notified of home address changes, regardless of whether or not you have notified Applied Industrial Technologies.

FILLING OUT THE MEMBERSHIP CARD

INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION

RETURN THIS CARD TO YOUR CREDIT UNION PRINT AND COMPLETE ALL INFORMATION MEMBERSHIP CARD

Employee Name _____ Brh. No. _____

First Middle Last

Employee Security

Payroll No. | | | | | | | | Code | | | | | | | | Birth Date _____

Mo. Day Year

Residence

Address _____ Soc. Sec. No. _____

City _____ Date Hired _____

State _____ Zip _____ Occupation _____

Home Phone _____ Mother's

Area Code

Telephone No.

Maiden Name _____

**I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE
INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION
AND AGREE TO ITS LAWS AND AMENDMENTS
THEREOF AND SUBSCRIBE FOR AT LEAST ONE SHARE.**

SIGNATURE of Member

(employee) _____ Date Signed _____

DO NOT WRITE BELOW THIS LINE -- RESERVED FOR CREDIT UNION USE

THIS APPLICATION APPROVED BY THE BOARD OF DIRECTORS AND ENTERED

Form CU001 _____

Rev. 4/97

Date Approved

Clerk

Effective Date

- **Please fill out all the information**
- **Employee payroll number:** This is the number, which appears on your check stub, immediately to the left of "Pay Period Ending". There are 6 available spaces' however some associates have less than 6.
- **Security Code: (Secret Code)** This is a 5 position code of your making which can be either letters or numbers of any combination. This is not to be known to anyone besides yourself and your joint owner for this account. Determine a code that can be easily remembered by you. Abusive, obscene, or foul language will invalidate your membership card.
- **Your home address should be in agreement with your payroll records.**
- **If this is a joint account, you must read and fill out the information on the back of the membership Card. Please leave blank if it is not a joint account.**

JOINT SHARE ACCOUNT AGREEMENT

INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION

IS HEREBY AUTHORIZED TO RECOGNIZE ANY OF THE SIGNATURES SUBSCRIBED HERETO IN THE PAYMENT OF FUNDS OR THE TRANSACTION OF ANY BUSINESS FOR THIS ACCOUNT THE JOINT OWNERS OF THE 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 SAID JOINT OWNERS OF THEIR CREDIT AS SUCH OWNERS WITH ALL ACCUMULATIONS THEREON, ARE AND SHALL BE OWNED BY THEM JOINTLY, WITH THE 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 DISCHARGED SAID CREDIT UNION FROM ANY LIABILITY FOR SUCH PAYMENT.

ANY OR ALL OF SAID JOINT OWNERS MAY PLEDGE ALL OR PART OF THE SHARES IN THIS ACCOUNT AS COLLATERAL SECURITY TO A LOAN OR LOANS.

THE RIGHT OR AUTHORITY OF THE CREDIT UNION UNDER 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 THERETOFORE MADE.

Employee Payroll No. _____	_____	Employee Signature
_____	_____	Joint
Date Signed _____	_____	Owners
Joint Social Security No. _____	_____	Signature
Joint Birth Date _____	_____	

FILLING OUT THE ACKNOWLEDGEMENT CARD

INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION

RETURN THIS CARD TO YOUR CREDIT UNION

ACKNOWLEDGEMENT CARD

PLEASE PRINT

Employee Name _____ Brh. No. _____

Employee

Payroll No. _____ Soc.Sec. No. _____

I have this day authorized the payroll supervisor of Applied Industrial Technologies
deduct from my pay each payroll period until further notice,
_____ DOLLARS \$(_____)
to be transmitted to the Credit Union and credited as follows:

Savings _____ Checking Acct. _____ Vacation _____
Shares \$ _____ Share Draft \$ _____ Club \$ _____

Loans \$ _____ Christmas _____ Special _____
Club \$ _____ Shares \$ _____

Children's Accounts # _____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

I understand that the above-authorized deductions will supercede
all previous Credit Union deduction arrangements.

Signature of member _____ Date signed _____

SEE REVERSE SIDE

Form CU002 - Rev.4/97

- **Total amount to be deducted from payroll each period. This total must equal the sum of all amounts added together from the distributions of desired accounts: a) Shares, b) Share Drafts, c) Loans, d) Christmas Club, e) Vacation Club, f) Special Shares, and g) Children Accounts.**
- **Shares: Amount to be deposited as Shares (Savings Account). A minimum of \$5.00 is required for shares.**
- **Share Drafts: Amount to be deposited into your Checking Account each pay period. (Surepay associates - please put "NET".)**
- **Loans: Amount to be applied to outstanding loan(s) per period. The Credit Union will inform you of the amount to be used based on your loan(s) outstanding.**
- **Christmas Club: Amount applied to Christmas Club Savings. A minimum of \$2.00 per pay is required.**
- **Vacation Club: Amount applied to Vacation Club Savings. A minimum of \$2.00 per pay is required.**
- **Special Shares: Special Share Savings that can be used for miscellaneous savings such as school, taxes, new car, etc.**
- **Children Accounts: Amount to be applied to Children Account Savings. This account is for dependent children. Blue membership cards must be filled out.**
- **Refer to your Credit Union Policies regarding Shares, Share Drafts, Loans, Christmas, and Vacation Club, Special Shares, and Children Accounts.**

FILLING OUT THE PAYROLL DEDUCTION AUTHORIZATION CARD

INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION

RETURN THIS CARD TO YOUR CREDIT UNION PAYROLL DEDUCTION AUTHORIZATION

Print
Employee Name _____ Brh. No. _____
Employee FIRST MIDDLE LAST
Payroll No. _____ Soc.Sec. No. _____

I AUTHORIZE THE PAYROLL SUPERVISOR OF APPLIED INDUSTRIAL TECHNOLOGIES TO DEDUCT

DOLLARS (\$ _____)

FROM MY PAY EACH PAYROLL PERIOD UNTIL FURTHER NOTICE FROM ME, AND TRANSMIT SAME TO
INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION.

EFFECTIVE WITHIN A REASONABLE AMOUNT OF TIME TO ALLOW PROCESSING BY THE CREDIT UNION.
THIS DEDUCTION SUPERCEDES ANY PRIOR AUTHORIZATION MADE BY ME INTO THE CREDIT UNION.

SIGNATURE of Member _____ Date Signed _____

Form CU003
Rev. 4/97

- **Put the total amount to be deducted on this card**
- **The member must sign this card before any payroll deductions can take place.**
- **Please return this card to the Credit Union office.**