

What is the SPD?

Apply
October 31st
Deadline

- **Special Payroll Deposit (SPD)** is a savings plan via payroll deduction/direct deposit.
- It pays 0.25% higher than Canada Savings Bonds. Interest is paid monthly.
- No Fees, Service Charges or Penalties for early withdrawals.
- Immediate access to your funds during regular business hours.
- An option to register your Special Payroll Deposit for your retirement - RRSP or a Tax Free Savings Account (TFSA)

HOW MUCH CAN I SAVE IN ONE YEAR?

To save in one year	Bi-weekly 26 pay periods	Semi-monthly 24 pay periods	Monthly 12 pay periods
\$500	\$19.23	\$20.83	\$41.67
\$1,000	\$38.46	\$41.66	\$83.34
\$1,500	\$57.69	\$62.50	\$125.00
\$2,000	\$76.92	\$83.33	\$166.68
\$2,500	\$96.15	\$104.16	\$208.35
\$3,000	\$115.38	\$125.00	\$250.00
\$3,500	\$134.62	\$145.84	\$291.67
\$4,000	\$153.85	\$166.66	\$333.34
\$4,500	\$173.08	\$187.50	\$375.00
\$5,000	\$192.31	\$208.34	\$416.67

By choosing the pay period which best suits you: either monthly, semi-monthly, or bi-weekly, you can customize your Special Payroll Deposit to meet your financial needs.

Public Service Credit Union is a Full Service Financial Institution.

Established in 1937

- Loans, Mortgages, Home Equity Lines of Credit
- Chequing Lines of Credit and Overdraft Protection
- Chequing, Savings, RRSPs, RRIFs, RESPs, HISA, and TFSA
- Anywhere, Anytime service: ATM, Interac, on-line banking, mobile banking, telephone banking
- Ding Free - ATM surcharge free - avoid surcharge fees at any credit union ATM in Atlantic Canada or wherever the Exchange and Acculink networks are present throughout Canada
- ICU-In branch deposit and withdrawal services at any CU in Atlantic Canada
- Financial Planning

PSCU is a proud sponsor of the Kids Eat Smart Foundation



PUBLIC SERVICE

Focused on Me

403 Empire Avenue, St. John's, NL A1E 1W6

Tel: 709.579.8210 | Toll Free: 1.800.563.6755
Fax: 709.579.3746 | www.pscu.ca | pscuadmin@pscucanada.com

Call or Visit Us Today!



PUBLIC SERVICE

Focused on Me

Special Payroll Deposit How Much Can I Save?



Your Money



Your Financing

Your Future

**Membership is
open to all residents of
Newfoundland & Labrador.**

Membership and Personal Account Application

Payroll Deduction or Direct Deposit

Existing and New Members Must Complete All Fields

Single Account Joint Account Trust Account Estate Account Youth Account

PERSONAL INFORMATION Mr. Mrs. Ms. Miss Dr. Other

First Name Middle Name Last Name Birth Date (dd/mm/yyyy) Social Insurance Number
 Own or Rent

Home Address Street City Province Country Postal Code # of Years at Address

Previous address if less than 2 years at current Street City Province Country Postal Code

Home Phone Cell Phone E-Mail Address

Occupation Employer's Name

Employer's Address Street City Province Country Postal Code Business Phone

Identification Type Ref# Place of Issue Expiry dd/mm/yyyy

Identification Type Ref# Place of Issue Expiry dd/mm/yyyy

Personal Reference - Name Address Phone Number

Personal Reference - Name Address Phone Number

INTENDED USE OF ACCOUNT What is the intended use of the account(s) being opened?
 Chequeing: Family and household Income/Expenses Savings: Retirement Renovations Other: _____

ACCOUNT TYPES OR REGISTERED SERVICES Chequing Account Savings Account Overdraft Protection Term Deposit
 Online Banking Personal Line of Credit MemberCard Personal Loan Other: _____

PEFP INFORMATION According to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act's definition of a "Politically Exposed Foreign Person," are you a "Politically Exposed Foreign Person"? No Yes

THIRD PARTY INFORMATION Will any accounts under this Membership be used by or on behalf of another party other than the named applicant(s)?
 No Yes If YES, complete a Third Party Determination Record and attach to this application

BENEFICIARY INFORMATION I hereby nominate my _____
 Relationship To You

_____ of _____
 Name Residential Mailing Address & Phone Number

_____ as the person to receive the monies, standing to the credit of my share and deposit accounts in the said Credit Union at my death, less any indebtedness owing by me to the Credit Union.

AGREEMENT AND AUTHORIZATION I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS, MY APPLICATION FOR MEMBERSHIP IN PUBLIC SERVICE CREDIT UNION ("Credit Union"), is true and correct. I have read, understand and agree to the terms and conditions of the Standard Terms and Conditions for Personal (Joint or Individual)/ Trust accounts, which have been provided to me, and furthermore agree to be bound by its terms inclusive of fees and interest rates which I have been informed of. I also agree that this application is subject to the approval of the board of directors of the Credit Union, the Credit Union Act, its regulations and any bylaws of the Credit Union, all as amended or enacted from time to time and that I agree to acquire and maintain a share in the Credit Union in accordance with its bylaws. I agree that if I have applied for MemberCard that I agree to be bound by that MemberCard Service Agreement; if I have applied for website access then I likewise agree to be bound by the terms of the Online Agreement. Online banking is governed by the MemberDirect Access Management, to which I have fully subscribed and agree that I am in compliance with. This Membership Account Application includes the Credit Union's Privacy Statement which has been provided to me.

I consent to the Credit Union collecting, using and disclosing my personal information for the purposes identified in the Credit Union Privacy Statement. I also consent to the Credit Union obtaining such credit information about me as it may require from time to time in connection with any accounts and loans for which I apply. I confirm that this account is not being opened for the benefit of an undisclosed third party of which I have not informed the Credit Union.

Applicant's Signature Witness Signature PSCU Date
 Signature must be witnessed by a PSCU employee or a Commissioner for Oaths.

To be Completed by All Members

Complete Section A

A: MEMBER INFORMATION

Name of Member: _____

Employer: _____

Department: _____

Occupation: _____

S.I.N. _____

Complete Section B or C

B: PAYROLL DEDUCTION

I hereby authorize the deduction of the sum of (\$ _____) _____ dollars,

Weekly Bi-weekly Semi-monthly Monthly

From my salary of wages effective _____ (dd/mm/yyyy)

and to take from the deductions in each succeeding pay period thereafter from my salary and wages which may be payable to me. This is your authorization to pay over the monies thus withheld to the Public Service Credit Union Ltd., 403 Empire Ave., St. John's NL, A1E 1W6. This deduction authorization cancels all previous authorizations, and cannot be cancelled or amended without written consent of the Credit Union.

C: DIRECT DEPOSIT

Transit# 18143 Branch# 839
 Account#

--	--	--	--	--	--	--	--

Employee Signature _____

Witness Signature _____

Dated this: _____ (dd/mm/yyyy)

Mail to address on back or fax: 709.579.3746

FOR OFFICE USE

Account#	Plan#	
01	22	71
09	23	76
10	25	78
16	27	80
20	70	