



Rewards Checking Agreement

Member Name: _____ Account #: _____

Joint Member Name: _____ Date Opened: _____

Raritan Bay Federal Credit Union’s Rewards Checking account is a FREE checking account which pays a higher rate of interest. To enjoy Rewards Checking, simply meet the requirements listed below:

1. **Rewards Earned:** Mbr Initial: _____ Jt Mbr Initial: _____

- a) No minimum balance (Note: \$25.00 minimum to open)
- b) No monthly service fee
- c) Unlimited check writing
- d) Convenient electronic delivery of Statements and Notices
- e) FREE Nationwide ATM fee refunds up to \$4.00 per Qualification Cycle (checking only) when completed with your RBFCU debit card. ATM Fee Refunds will post to Rewards Checking qualified accounts on the last business day of the month.
- f) No fees from Raritan Bay FCU’s ATMs
- g) Rewards Checking Rates

2. **Requirements: (Must be met each Qualification Cycle)** Mbr Initial: _____ Jt Mbr Initial: _____

- a) Have at least ten (10) signature-based RBFCU debit card transactions post and clear
- b) Have at least one (1) Automatic Payment or Direct Deposit post and clear
- c) Receive Electronic Statements and Notices. **eMail Address:** _____
- d) Establish and maintain Online Banking

3. **Account Information:** Mbr Initial: _____ Jt Mbr Initial: _____

- a) Truth In Savings Disclosure
- b) Fee Schedule
- c) Electronic Funds Transfer Disclosure
- d) Rates and terms may change after the account is opened

If you believe that you have not been reimbursed the correct amount, please contact us. We must hear from you no later than 30 days after the statement cycle when the reimbursement was applicable. Note: ATM withdrawals do not count as qualifying debit card transactions for purposes of earning rewards within this account.

By signing below, you understand and agree to the terms and conditions of this Rewards Checking account.

Member Signature

Joint Member Signature

RBFCU Use Only

Employee Signature

Member’s Phone # Circle: Home Cell Work

Date of One Week Follow Up: _____

Date of Second Week Follow Up: _____