



CHRISTMAS CLUB APPLICATION

Name: _____

Account Number: _____ Telephone Number: _____

I hereby authorize Financial Plus to transfer \$ _____ from my: Savings Checking

Transfer: Weekly Bi-weekly Monthly beginning on (date) _____

Based on the beginning dates, weekly transfers will continue on same day each week and monthly transfers will be on same day each month.

Signature: _____ Date: _____

Return to ANY Financial Plus Credit Union office.

This credit union is federally insured by the National Credit Union Administration. Also privately insured by Excess Share Insurance (ESI). ESI is not affiliated with NCUA.

DISCLOSURE:

1. If funds are not designated account on the day(s) specified, then no transfer will be made.
2. On the last day of October, the money in your Christmas Club will be automatically transferred to your checking account (or savings account if you do not have a checking account).
3. Dividend payment periods are from January through March, April through June, July through September, October, and November through December. Dividends are compounded and credited to your account on the last day of each dividend period.

CREDIT UNION USE

Date _____

Emp ID _____



800-748-0451
myFPCU.com