

# City of Boston Credit Union Club Account Request



If you are already a member print this form, mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168. If you are not a member please complete a New Membership Application.

## MEMBER INFORMATION (Please Print)

Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CLUB DEDUCTION REQUEST

I would like to have the following payroll deduction(s) for my Club Savings:

Please check:  New  Change

Holiday (November) \$ \_\_\_\_\_ Vacation (May) \$ \_\_\_\_\_

Thrift (February) \$ \_\_\_\_\_ All Purpose (August) \$ \_\_\_\_\_

For a total deduction of \$ \_\_\_\_\_ (New Club deduction total or total amount you want Club deductions changed to)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Deduction will be taken with each payroll either weekly, monthly, semi-monthly or bi-weekly depending on your payroll schedule. To stop payroll deductions, simply send/fax us a letter with your account number and signature indicating the deductions you want stopped. Please see our Electronic Funds Transfers Agreement for disclosures regarding this account.*