

WISH CLUB & CHRISTMAS CLUB APPLICATION

Wish Club and Christmas Club Agreement

Account No. _____

I hereby agree to the By-Laws of Health Care Family Credit Union. I authorize the credit union to conduct any credit investigation deemed necessary both now and as long as I maintain membership.

Print Name _____

X

Member Signature _____

Date _____

Street Address _____

City _____

State _____

ZIP _____

Home Phone _____

Work Phone _____

Cellphone _____

Email Address _____

Current Employer _____

Mother's Maiden Name _____

Date of Birth _____

Social Security # _____

Payroll Deduction Authorization

Check One: New

Change

Check One: Weekly

Bi-weekly (every two weeks)

Semi-monthly

Monthly

Last Date Paid _____

Next Date Paid _____

Employer _____

Department _____

I understand Payroll Deduction is a convenient option for deposits. I have verified the information above.

X

Signature _____

Date _____

Account No. _____

Please indicate below how you want your payroll distributed each pay period.

Account Type Amount

Christmas – 25 \$ _____

Wish Club – 07 \$ _____

Total Deduction \$ _____



Health Care Family
Credit Union

www.hcfcu4u.org

Main Office

2114 S. Big Bend Blvd.
Richmond Heights, MO 63117
(314) 645-5851

St. Peters Office

4599 Executive Centre Pkwy.
St. Peters, MO 63376
(636) 449-3305

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration,
a U.S. Government Agency

NOV11-675TAG

