



With a HiFi FCU Christmas Savings Account, you can put a little aside each month for your holiday expenses. Fill out the application below to start your holiday account so you'll have extra during Christmas time.

Christmas Savings Account

Please Print

Primary Member _____

Eligibility _____ Occupation _____

Joint Member _____

Eligibility _____ Occupation _____

HiFi FCU Account # _____

Address _____

Social Security # _____

Work Phone _____

Home Phone _____

Cell Phone _____

Please Complete Below

Initial Deposit:

- Deposit of \$_____ is enclosed.
- Please transfer \$_____ from my account #_____ to open my Christmas Savings Account.

Payroll Deduction:

Call New Accounts at 832-8700 for further information

Distribution of Funds:

Funds distributed in October. Please check one.

Transfer to my

- Share Account # _____
- Share Draft Account # _____

I agree to all the conditions governing the operation of this Christmas Savings Account Program. If this is a joint account, any person listed on the account may sign this agreement and the Credit Union's Standard Joint Share Account Agreement shall apply.

I understand that this account will earn dividends under the same terms and conditions as a regular share account.

I understand that my Christmas Account will be automatically renewed on an annual basis unless it is either cancelled in writing or the account has no activity for 6 months or longer.

JOINT SHARE ACCOUNT AGREEMENT

This is a joint account with joint owners. The Credit Union is authorized to recognize any of the signatures below in the payment of funds on the transaction of any business for the account. Each owner has the right to present shares, future shares and all accumulation including dividends. There is a right of survivorship which means if one or more of the owners die, then the remaining owner(s) have a right to the funds. Payment to them shall be valid and discharge the Credit Union from any liability for such payment. The rights of the Credit Union under this agreement shall not be changed or terminated by the owners, except by written notice to the Credit Union which shall not affect prior transactions.

Note: Please notify the Credit Union of any address changes before October of each year.

Signature Date

Signature Date

For Credit Union Use Only

Date of Membership _____ Br _____ New _____
 Opened/App'd by _____ Check Verify _____
 Membership Officer _____