

Have more fun shopping next Christmas.....

Open a Christmas Club account today!

Complete this simple form and start saving today for the next holiday season. With METRO's Christmas Club account, you'll have that extra cash you need, without a heavy strain on your finances.

You save money by making convenient deposits or payroll deduction deposits into your Christmas Club account. For payroll deductions deposit, just complete the "**Payroll Deduction Authorization Form**", and we'll take care of the rest. Please return this application by mail or stop in METRO's lobby and open an account.

When the holiday comes around, we'll send you a check automatically. Or, if you prefer, we'll deposit the money directly into your checking account.

It's as easy as 1-2-3!



METRO FEDERAL CREDIT UNION

2440 E. Rand Road
Arlington Heights IL 60004
Main (847) 670-0456
Fax (847) 670-0401

BUSINESS HOURS

LOBBY

Monday-Friday 8:00am - 6:00pm
Saturday 8:00am - 1:00pm

DRIVE-THRU

Monday-Friday 7:00am - 6:00pm
Saturday 7:00am - 1:00pm

Internet: <http://www.mcu.org>
E-mail: accountservices@mcu.org

Rev. 3/25/02



CHRISTMAS CLUB APPLICATION

CHRISTMAS CLUB



RETURN THIS ENTIRE PAGE TO METRO
TO Open a Christmas Club Account

Complete the simple Christmas Club application below and read the Term and Conditions for this account. If you already have payroll deductions into a METRO account and would like to allocate funds to the Christmas Club, just complete the METRO COPY of the Payroll Deduction and Allocation Authorization form.

To increase your payroll deduction amount, complete both the METRO COPY and EMPLOYER COPY of the deduction form. When completing the METRO COPY of the deduction and allocation form, always list all the allocations on your account.

This will avoid your funds from being misdirected. For additional information on this account, please contact a Member Services Representative at 847-670-0456.

**CHRISTMAS CLUB
ACCOUNT APPLICATION**

INDIVIDUAL ACCOUNT JOINT ACCOUNT ACCOUNT NUMBER: _____

MEMBER'S NAME _____

SS# _____ BIRTH DATE _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

JOINT MEMBER'S NAME _____

SS# _____ BIRTH DATE _____

Please select one of the following options:

- Send me a check
- Transfer the balance into my checking account. *(A notice is generated informing you of the transfer amount.)*

By signing below, I (We) hereby make application for a Christmas Club Savings Account and agree to bound by the terms and conditions. I (we) also agree to be bound to any future changes to the Christmas Club Account terms and conditions the credit union may make from time to time.

X _____ DATE _____
SIGNATURE AND DATE :

X _____ DATE _____
SIGNATURE AND DATE :

TERMS AND CONDITIONS

NOTE(1) : ALL ACCOUNTS
Metro pays dividends monthly, on the last day of the month. Dividends are declared on the 1st day of each month and are in effect until the last day of the month. The stated APY assumes interest remains on deposit. Interest begins to accrue on the day of deposit for both cash and non-cash (checks) deposits. Account withdrawals, penalties, or fees may reduce earnings and the stated APY. Dividend rates are subject to change monthly. For current rates call (847) 670-0456.

NOTE (2) : CHRISTMAS CLUB
Deposits accepted continuously - Payout occurs first week in November. Withdrawals from the Christmas club account prior to November disbursement are subject to a \$10.00 account transfer fee.
OTHER: Prerequisites: Primary Savings Account with a minimum balance of \$50.00. Refer to "Account Services" for full details on savings account requirements.

INSURANCE: Member Accounts in METRO Federal Credit Union are federally insured by the National Credit Union Administration, an agency of the Federal Government.



METRO Federal Credit Union
2440 E. Rand Road
Arlington Heights IL 60004
(847) 670-0456 Fax (847) 670-0401

METRO COPY

PAYROLL DEDUCTION AND ALLOCATION AUTHORIZATION

PAYROLL DEDUCTION ALLOCATION

IMPORTANT: Please indicate here how you would like your Payroll Deduction allocated:

Savings	Suffix:(00) \$
2nd Savings	(10) \$
Christmas Club	(20) \$
Vacation Club	(25) \$
VIP Money Market	(30) \$
Checking	(80) \$
Other	() \$
1st Loan	Suffix:() \$
2nd Loan	() \$
3rd Loan	() \$

TOTAL DEDUCTION AMOUNT \$

TO BE COMPLETED BY EMPLOYEE

METRO Account# _____

EMPLOYER: _____

I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount (listed on this form) from my pay at each payroll period, and remit to METRO. METRO Federal Credit Union will allocate my payroll deposit as indicated.

Printed Name: _____

Authorized Signature: _____

Social Security #: _____

Payroll Starting Date: _____

FOR OFFICE USE ONLY:

GROUP# _____ Change Date _____ ID _____



METRO Federal Credit Union
2440 E. Rand Road
Arlington Heights IL 60004
(847) 670-0456 Fax (847) 670-

EMPLOYER COPY

PAYROLL DEDUCTION AUTHORIZATION FORM

TO BE COMPLETED BY EMPLOYEE

METRO ACCOUNT# _____ **TOTAL DEDUCTION AMOUNT \$** _____ **FULL PAY CHECK**

Employer & Business Phone _____

I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount listed above from my pay at each payroll period, and remit to METRO. METRO Federal Credit Union will deposit the funds into my account and allocate my deposit as indicated above.

Printed Name: _____ SS# _____

Authorized Signature: _____ Payroll Starting Date: _____

FOR DIRECT DEPOSIT
METRO's Routing and Transit Number & ABA# is: 271975401 **DIRECT DEPOSIT**