HOLIDAY CLUB ACCOUNT

	HOLIDAI CLUD ACCOUN	
A CCOUNT NUMBED.		
ACCOUNT NUMBER:		
NAME:		
ADDRESS:		
HOME PHONE:	WORK PHONE:	
from my share account as th for an initial deposit that \$25	to open my holiday ac e opening deposit (\$25.00 minimum). I understand 5.00 will be transferred from my primary share acc	l that if there is no designation of funds ount to open a holiday account.
l request that \$ leduction.	each pay period to be deposited to my holiday acco	ount from my <u>current</u> payroll
withdrawal without penalty	nt will earn .25% APR to be paid to this account qu before November 1. Any additional withdrawals fr fee. On November 1 st , a check will be issued in my p	rom this account, during the term will
	Mail or F	ax to: HEMA FCU
	8701 Geor	rgia Ave., #407
		5
		ring, MD 20910
		ring, MD 20910
Signature	Silver Spi	ring, MD 20910
I WOULD ALSO LIKE T	Silver Spi Fax # 301	ring, MD 20910 -495-0764 AMOUNT!
I WOULD ALSO LIKE T Please indicate the <u>total</u> dec club savings.	Silver Spi Fax # 301 Date FO INCREASE MY PAYROLL DEDUCTION	ring, MD 20910 -495-0764 AMOUNT!
I WOULD ALSO LIKE T Please indicate the <u>total</u> dec club savings. PAYR	Silver Spi Fax # 301 Date TO INCREASE MY PAYROLL DEDUCTION duction amount. This includes your regular savin	:ing, MD 20910 -495-0764 AMOUNT! gs, loan payment if any and the holiday
I WOULD ALSO LIKE T Please indicate the <u>total</u> dec club savings. PAYR Name	Silver Spi Fax # 301 Date TO INCREASE MY PAYROLL DEDUCTION duction amount. This includes your regular savin OLL DEDUCTION CARD	<pre>-ing, MD 20910 -495-0764 AMOUNT! gs, loan payment if any and the holiday</pre>
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I WOULD ALSO LIKE T Please indicate the <u>total</u> dec club savings. PAYR Name Employee # I have this day authorized my	Silver Spi Fax # 301 	-495-0764 -495-0764 AMOUNT! gs, loan payment if any and the holiday
I WOULD ALSO LIKE T Please indicate the total dec Please indicate the total dec club savings. PAYR Name Employee # I have this day authorized my To deduct the following amo Each payroll period until furt	Silver Spi Fax # 301 	-495-0764 -495-0764 gs, loan payment if any and the holiday
I WOULD ALSO LIKE T Please indicate the total dec Please indicate the total dec club savings. PAYR Name Employee # I have this day authorized my To deduct the following amo Each payroll period until furt Effective Date:	Silver Spi Fax # 301 	-495-0764 -495-0764 gs, loan payment if any and the holiday