



THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED

SAVERS CLUB ENROLLMENT FORM



Date _____ Name: _____ A/c # _____
 Address _____ Tele # _____
 Personal Email Address (es) _____
 Employer's Name _____
 Employer's Address _____

Plan Duration: 12 Months 18 Months Start Date: _____ End Date: _____

Contribution: _____
 (\$ _____) Monthly. Interest Rate: _____ %

Contribution Method:	Salary Assignment to CU		Salary Deduction	
	PD Cheques Other		OTC (this method of payment makes you ineligible for the savers club advance loan)	

Terms and Conditions:

- *This is a deposit savings account that allows members to have access to funds at the end of a twelve or eighteen months period.*
- *The account has a monthly fixed savings arrangement.*
- *Interest is applied to the account at maturity, if the terms are adhered to.*
- *If the contractual arrangement is forfeited, only the amount saved will be paid.*
- *Minimum to start account is One Thousand Dollars (\$1,000.00).*
- *Interest earned is subject to withholding tax.*
- *A missed payment disqualifies you from accessing the Saver Club Advance Loan.*
- *This account can only be used as collateral for the Saver's Club Advance Loan.*
- *In the event of missed deposits due to insufficient salary or otherwise, I understand that I will have to make such deposits over the counter (OTC).*

Applicant's Signature _____

Savers Club Account Number: _____

Credit Union Officer: _____

Date: _____