



Partner Plan Application Form

Name _____
First Surname Middle Initial

Address _____

Tel# _____ Email address _____

Account # _____ TRN _____

Select your desired Partner Plan Option:

Partner Plan (24 weeks)

Partner Plan (36 weeks)

Partner Plan (48 weeks)

I wish to save an amount of \$ _____ per week

Payments can be made on a weekly or monthly basis. This product does not attract a bankers fee.

If you withdraw before the maturity date only the amount saved up to that point will be given to you.

Members' Signature _____

Date _____

Credit Union Officer _____

Date _____