



BROOKLINE MUNICIPAL CREDIT UNION

334 Washington Street, P.O Box 470776, Brookline, MA 02447-0776

CHRISTMAS CLUB ENROLLMENT FORM

Please enroll me in the club checked below.

____\$5.00 weekly ____\$10.00 weekly ____\$15.00 weekly
____\$20.00 weekly ____\$25.00 weekly ____other \$_____
____ Check here if you want your Club payroll deducted.

Fifty-two week plan period of November 1, 2024 through October 31, 2025.

The balance of my Christmas Club Account will be transferred to my savings account at the end of the plan year.

Account Number _____

Name _____
Please Print

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

I hereby make application for a Christmas Club and agree to conform to the by-laws or any amendments thereof of Brookline Municipal Credit Union.

\$5.00 penalty for early withdrawal.

Signature

Date