

# City of Boston Credit Union

## Money Market Account Request



If you are already a member print this form, mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168. If you are not a member please complete a New Membership Application.

**Please note an initial \$1,000.00 transfer or deposit must be made to meet the minimum balance requirements for this account.**

### MEMBER INFORMATION (Please Print)

Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MONEY MARKET ACCOUNT REQUEST

\_\_\_\_\_ Transfer \$ \_\_\_\_\_ from my Account Number: \_\_\_\_\_ to open a money market account (\$1,000.00 minimum).

\_\_\_\_\_ Attached is my check to open a money market account (\$1,000.00 minimum)

\_\_\_\_\_ My Money Market account is already open, see deduction request)

### DEDUCTION REQUEST

Please deduct \$ \_\_\_\_\_ from my payroll for my Money Market Account number \_\_\_\_\_ (use main account number if opening with this form)

Member Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

*Deduction will be taken with each payroll either weekly, monthly, semi-monthly or bi-weekly depending on your payroll schedule.*

*To stop payroll deductions, simply send/fax us a letter with your account number and signature indicating the deductions you want stopped. Please see our Electronic Funds Transfers Agreement for disclosures regarding this account.*