



INFINITY CLUB MEMBERSHIP

Infinity Club Enrollment Agreement

Account # _____

Please Print

Name: _____

Street: _____

City, State, ZIP _____

Telephone Number _____

In consideration of membership in the *Infinity Club* program, RTN Federal Credit Union agrees to enroll you in the *Infinity Club* program. Such membership shall entitle you to the services listed in the *Infinity Club* brochure.

By signing this enrollment card, you authorize the Credit Union to debit your account(s) for the monthly membership fee of \$10.00 if the minimum required daily balance \$15,000 is not met. It is further agreed that the Credit Union can change the requirements for participation, or program benefits, with 30 days written notice to you, provided that any change applies to all members.

This agreement shall remain in effect until non-payment of the monthly membership charge or until either party terminates it by notifying the other party in writing at least 10 days prior to the first day of the month on which the termination shall be effective.

Signature: _____

Date of Enrollment: _____

Return this form to the Credit Union:

- At any Credit Union office
- Via fax at (781) 736-9928
- Via U.S. Postal Service to:

RTN Federal Credit Union
c/o Infinity Club
600 Main Street
Waltham, MA 02452