



# PERFORMANCE PACKAGE ENROLLMENT

**Performance Package Enrollment Form**      Account # \_\_\_\_\_

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Member Name \_\_\_\_\_

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Street \_\_\_\_\_

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City, State, ZIP Code \_\_\_\_\_

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Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

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Signature \_\_\_\_\_

*Check all that apply:*

- I currently have a checking account and direct deposit with the Credit Union
- I currently do not have a checking account with the Credit Union. Please send me information and forms
- I currently do not have direct deposit with the Credit Union. Please send me information.

***Please return this form to any Credit Union office.***