

New Orleans Port Commission Employees' Credit Union
P.O. Box 60046
New Orleans, LA 70160

CHRISTMAS CLUB APPLICATION

Employees' Name: _____

Address: _____

Signature: _____

I hereby enroll in the plan checked and I understand that the first week is free as long as I fulfill my payment obligation.

Bi-Weekly

- | | | |
|--------------------------|------------------|-------------|
| <input type="checkbox"/> | (\$50) | \$2* |
| <input type="checkbox"/> | (\$100) | \$4 |
| <input type="checkbox"/> | (\$250) | \$10 |
| <input type="checkbox"/> | (\$500) | \$20 |
| <input type="checkbox"/> | (\$1,000) | \$40 |

***FOR DEPENDENTS ONLY**

Effective first pay period each November

Please check one:

- I hereby authorize my employer to deduct the above amount from my payroll check.
 Other (Explain)

**NOTE: CURRENT CHRISTMAS CLUB MEMBERS NEED TO REAPPLY IF THEY
WISH TO RENEW**