

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

HURRICANE RELIEF FUND APPLICATION

Employees' Name: _____

Address: _____

Signature: _____

I hereby enroll in the plan checked and I understand that in order to keep this account, I can only withdraw these funds between June 1 and November 30 each year.

Bi-Weekly

- \$10
- \$20
- \$30
- \$40
- \$50
- \$60
- \$70
- \$80

**MINIMUM OF \$10 BI-WEEKLY
MAXIMUM OF \$80 BI-WEEKLY**

Please check one:

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

THIS APPLICATION CAN BE FILLED IN AND SUBMITTED AT ANY TIME