NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801
(516) 822-1070
Fax: (516) 822-2478

Add Additional Account Form

www.nyteamfcu.org

Account #: _____

Teller #: _____

Date: _____

Member's Information

Primary Member: _____

Joint Member: _____

Email Address: _____

Date: _____

Phone #: _____

All owners on the account must sign the form to add an account to the membership.

Please open the following accounts under my membership:

Draft Account: No minimum balance is required.
Initial Deposit of : _____

☐ **Yes**, I would like to receive my first free box of checks at the address below:

_____

☐ **No**, at this time I would not like to receive a box of checks.

We hereby authorize the NY TEAM Federal Credit Union to establish an account for me/us to be known as a "Share Draft Account." The Credit Union is authorized to pay share drafts signed by anyone whose signature appears on this agreement and to charge the payments against the Share Draft Account. I/We acknowledge receipt of my/our copy of the Share Draft agreement and notice of terms. Overdrafts will automatically be compensated by transfer from my/our regular NY TEAM share savings account or paid by our standard overdraft called Courtesy Pay. Please see our Courtesy Pay Notice for more information.

Vacation Club Account: are a continuous club account. You are permitted two withdrawal, per calendar year , for the full amount of the club, at no charge. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.
Initial Deposit of : _____
Please deduct each pay period from my share account $ _____

Holiday Club Account: earn dividends and is a convenient way to save so you can purchase all those special gifts for the ones you love. Holiday Club deposits will begin approximately the third week of October on your designated payday. Holiday Clubs will be renewed automatically each year. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.
Initial Deposit of : _____
Please deduct each pay period from my share account $ _____

Authorization

Primary Signature

Date

Joint Signature

Date

rev 3/12