



An educated choice

MONEY MARKET SAVINGS ACCOUNT FORM

Please print all information.

Account Number _____

Open my Money Market Savings Account as follows:

___ Check enclosed for the amount of \$ _____

___ Transfer the amount of \$ _____ from my _____ account.

Minimum deposit is \$2,000.00. Dividends are paid on a tiered level, computed on your average daily balance and paid quarterly. You may make unlimited deposits and withdrawals. The withdrawals are set at a minimum of \$250.00. Online transfers out of the account are limited to six per month. Online transfers over six per month will incur a \$10 per transfer fee.

PRIMARY MEMBER INFORMATION

Name _____

Address _____

Phone _____ Cell _____

Email _____

SECONDARY MEMBER INFORMATION (IF APPLICABLE)

Name _____

Address _____

Phone _____ Cell _____

Email _____

I will review the credit union's *Terms & Conditions, Electronic Transfers, Funds Availability, Truth in Savings*: on their web site _____ as a printed copy _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

MEMBER SIGNATURE _____

DATE _____

