
**Teachers Federal Credit Union
The Educated Choice Account**

The following application is to be filled out online by the applicant, printed, and signed. Follow the instructions below and return the completed application to any TFCU office or mail to:

ATT: Member Services , Teachers Federal Credit Union, P.O. Box 9005, Smithtown, New York 11787.

PLEASE DO NOT E-MAIL THIS APPLICATION. APPLICATIONS WILL NOT BE PROCESSED THROUGH E-MAIL FOR SECURITY REASONS AND FOR YOUR PROTECTION.

Please enroll me in **The Educated Choice Account**. I acknowledge receipt of the program brochure describing the benefits and agree to the following provisions:

- I agree to maintain a combined minimum average daily deposit balance in related accounts of:
(You **MUST** check one box.)
\$2,500 Gold Tier \$5,000 Platinum Tier

- I understand that if the above balance is not maintained, I will be charged the following fee for each month that it falls below the combined minimum average monthly deposit balance: \$8.00 for the Gold Tier and \$10.00 for the Platinum Tier. I also understand that the benefits of the Educated Choice Account will be rescinded, all fees will apply and any discounts on loans or credit cards that I had received will be rescinded if the combined minimum average monthly deposit balance is not maintained for three consecutive months.

I am no longer interested in **The Educated Choice Account** and would like all benefits cancelled.

X _____
Member Signature

X _____
Joint Member Signature

Account Number

Date

By choosing the checkboxes you acknowledge that you have read this form and agree to the terms and conditions stated herein.

Return to:
Teachers Federal Credit Union
P.O. Box 9005
Smithtown, New York 11787
ATT: Member Services