



CAROLINA COLLEGIATE FCU

Faculty Club Savings

A P P L I C A T I O N

Name _____

e-mail Address _____

Daytime Phone _____ Evening Phone _____

Member (MAIN) Account Number _____

_____ 9-month employee

_____ 12-month employee

_____ I wish to have \$ _____ each paycheck automatically deposited into my Faculty Club Savings. *(See attached payroll deductions card)*

_____ I wish to have semi -monthly checks sent to me during the summer, beginning with the May 31 check.

_____ I wish to reinstate my Faculty Club

_____ Other

Signature _____ Date _____

FOR OFFICE USE ONLY

Account Set-Up _____

Mail or deliver to

Main Office: Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201
Coastal Carolina University Branch: Pamela Hamilton, Sands Hall Room 101, 107 Founders Dr., Conway, SC 29526
USC Spartanburg: Ann Fitzsimmons, 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303