



POLICE FOUNDATION HEARTS OF GOLD ACCOUNT

Please choose the option that you prefer:

I CURRENTLY HAVE DIRECT DEPOSIT WITH THE CITY OF TUCSON AND I DO NOT HAVE AN ACCOUNT WITH TUCSON OLD PUEBLO CREDIT UNION...

- 1) And I would like to contribute \$5,___\$10,___ \$15,___\$20,___ (Other)_____ to the Hearts of Gold account from my paycheck every payday. Social Security # _____

I CURRENTLY HAVE AN ACCOUNT WITH TUCSON OLD PUEBLO CREDIT UNION...

- 2) And I would like to transfer \$10,___ \$15,___\$20,___ (Other)_____ to the Hearts of Gold account from my checking___ or savings ___account monthly on the 1st___ 5th___ 15th___ or 25th___ day of the month.
Member Number _____ or Social Security # _____
- 3) And currently have my whole City of Tucson paycheck directly deposited into my personal account. I would like to contribute \$5,___\$10,___ \$15,___\$20,___ (Other)_____ to the Hearts of Gold account from my paycheck every payday.
Member Number _____ or Social Security # _____
- 4) And have a City of Tucson payroll deduction (portion of paycheck) being deposited into my personal account. I authorize Tucson Old Pueblo Credit Union to add an increase of \$5,___\$10,___ \$15,___\$20,___ (Other)_____ to my deduction **OR** I authorize Tucson Old Pueblo Credit Union to contribute \$5,___\$10,___ \$15,___\$20,___ (Other)_____ from my current payroll deduction for contribution to the Hearts of Gold account.
Member Number _____ or Social Security # _____

I DO NOT CURRENTLY HAVE AN ACCOUNT WITH TUCSON OLD PUEBLO CREDIT UNION...

- 5) But I would like to open one and contribute to the Hearts of Gold account.
***Please fill out information on the bottom of this form and on the back of this form.**

OTHER

- 6) I would like to make a contribution to the Hearts of Gold Account via ACH transfer from my current financial institution. I am not currently enrolled for direct deposit with the City of Tucson nor do I have a Tucson Old Pueblo Credit Union account.
- 7) I would like to make an annual contribution of \$130_____ or \$_____ today via Check___ or Credit Card___ to the Hearts of Gold Account.
Credit Card # _____ Exp. Date: _____ Zip Code: _____
Circle One: VISA MC AmEx

All donations to the Hearts of Gold account will be on a recurring basis and will only be stopped with the member's authorization.

PLEASE PRINT YOUR NAME, SIGN AND DATE THIS FORM IN ORDER FOR YOUR REQUEST TO BE PROCESSED.

Print Name: _____

Signature: _____ Date: _____

Daytime Phone Number: _____ Email address: _____