



**GRACE CO-OP CREDIT UNION LTD.  
PARTNER PLAN CONTRACT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Account #: \_\_\_\_\_

Weekly contribution \_\_\_\_\_ Contract Period: 16 weeks   
24 weeks   
36 weeks   
48 weeks

Tick one

**I understand if I fail to make the agreed contribution or terminate my contract prior to maturity, then my bonus payment will be pro-rated to fall in line with payment set by GCCU for the period that I have contributed.**

Members Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by _____	Checked By _____
Date: _____	Date: _____
Effective /Start Date _____	Maturity Date _____

<b>For office use only</b>	
Bonus Payment _____ hand	No. of weeks completed _____
Maturity Value (inclusive of hand) \$ _____	Date _____
Signature: _____	