



**FamilyADVANTAGE**  
**FEDERAL CREDIT UNION**

**EMERGENCY TRANSPORTATION INSURANCE**

By signing below, I \_\_\_\_\_, wish to be enrolled  
(member name)  
in the emergency transportation insurance program offered through the Family Advantage  
Federal Credit Union.

I wish to have the following coverage: **(please check one)**

☐ Single Coverage: \$5.95 per month (effective 1/1/2019)

☐ Family Coverage: \$7.95 per month (effective 1/1/2019)

By signing below I also authorize the Credit Union to deduct the selected premium from my  
account.

Account # \_\_\_\_\_ ☐ Savings ☐ Checking  
**(Write in acct # and select Savings or Checking)**

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

☐ New ☐ Cancel ☐ Change from \_\_\_\_\_ to \_\_\_\_\_  
(MSR Initials)

**\*\*\* IF THIS FORM IS NOT FILLED OUT IN ITS ENTIRETY, IT WILL BE MAILED BACK TO YOU AND  
YOUR RE-ENROLLMENT WILL BE DELAYED. IF YOU HAVE ANY QUESTIONS,  
PLEASE CALL 931-486-3125.\*\*\***