

REGULAR CERTIFICATES OF DEPOSIT

MEMBER INFORMATION

Member Name:		Member Number:
Street Address:		CD #:
City/State/Zip:		SSN/TIN:
Home Phone:	Cell Phone:	Date of Birth:

JOINT OWNER

Joint Owner:		SSN/TIN:
Street Address:		Date of Birth:
City/State/Zip:		Phone #:
Joint Owner:		SSN/TIN:
Street Address:		Date of Birth:
City/State/Zip:		Phone #:

BENEFICIARY Must be a "natural person" (No trusts, charities or organizations)

Beneficiary:		SSN/TIN:
Street Address:		Date of Birth:
City/State/Zip:		Phone #:
Beneficiary:		SSN/TIN:
Street Address:		Date of Birth:
City/State/Zip:		Phone #:

TERMS (check one)

3 Month <input type="checkbox"/>	6 Month <input type="checkbox"/>	12 Month <input type="checkbox"/>	18 Month <input type="checkbox"/>	36 Month <input type="checkbox"/>
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PAYMENT

Amount: (\$500 minimum)	Rate: _____ %
Transfer from account # _____ or Cash / Check (circle appropriate)	

ACKNOWLEDGMENT

X	
Owner Signature	Date