



CERTIFICATE ACCOUNT REQUEST

TYPE OF SHARE CERTIFICATE 6 MONTHS 1 YEAR 2 YEAR
 4 YEAR 5 YEAR

MEMBER NUMBER

MEMBER NAME

ISSUE DATE AMOUNT OF DEPOSIT

WITHDRAWAL FUNDS FROM ACCOUNT # NEW MONEY DEPOSITED

 AMOUNT

MATURITY DATE CD'S APY

I ELECT TO HAVE DIVDENDS (CHOOSE ONE) 1. LEFT IN CERTICATE ACCOUNT
 2. MAILED TO MY ADDRESS QUARTERLY
 3. TRANSFERRED TO ACCOUNT

I understand that the account will be renewed automatically on each subsequent maturity date for the same term checked above, unless I contact the Credit Union before the Maturity Date or within the 10 day grace period after maturity and request a different term. By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, and any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosure applicable to the account and services requested herein. Ownership of this account is governed by the terms of the Membership and Account Agreement and the Account Card for the member number shown above. If there is an inconsistency between the ownership designation on this request and on the Account Card, the Account Card will govern.

SIGNATURE _____
DATE _____

SIGNATURE _____ DATE _____