



100 Madison St, Syracuse, NY 13202 | www.moneyfcu.org | Ph: (315) 671-4000 | Fax: (315) 671-4030

Term Share Certificate Application

Member Number _____

Name _____ Joint Member Name (**REQUIRED if joint account**) _____

Address _____ City _____ State _____ Zip _____

Minimum to open is \$500. Dividends are compounded daily and added to principal monthly unless otherwise noted.

Certificate Amount: \$ _____

Duration:

- 3 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 36 months
- 48 months
- 60 months

Source of Funds:

- Transfer from Regular Savings
- Transfer from other savings type (*please list*) _____
- Transfer from Checking
- Check attached

- Please mail certificate to address above
- Please mail certificate to address listed below

Address _____ City _____ State _____ Zip _____

Payable on Death to (*Beneficiary*): _____

Address: _____ Phone: (_____) _____

Signature: _____ Date: _____

Joint Signature (**REQUIRED if joint account**): _____ Date: _____