

Savings Certificate Application

Member Number*

Member Name

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 *(please mail to address above with completed application)*

Payable on Death to *(Beneficiary)*: _____

Address: _____ Phone: (_____) _____

Signature: _____ Date: _____

**If the Savings Certificate is opened on a joint account it will be owned by all member names associated with that account. Certificate receipt will be mailed to the address on file.*