

Certificate of Deposit CD Application



Update Services for Account No. _____

Form Instructions: Complete all applicable areas on the form and sign and date in the signature area.
Print and mail the completed form to: Delta Community Credit Union
ATTN: Personal Deposit Services, P.O. Box 20541 Atlanta, GA 30320-2541, or fax to 404-677-4802
Email not recommended

Primary Member Information

Name (First, MI, Last) Social Security Number Account Number

Product Options

Available Terms: 6 Month 12 Month 24 Month 36 Month 60 Month

Renewal Information

- Automatically renew for another term at maturity
- Transfer funds to Account No. _____ ID _____ at maturity

Dividend Payment Option

- Compound monthly
- Transfer funds to Account No. _____ ID _____

Opening Deposit Instructions (\$1000.00 minimum)

Opening Deposit: \$ _____

- Check enclosed (*if not from Delta Community CU funds*)
- Transfer funds from my Account No. _____ ID _____

Joint Information Adult joint owner required for all minor accounts

Joint 1 Name (First, MI, Last) Social Security Number Date of Birth Phone Number

Street Address (No P.O. Boxes) City State Zip

ID Type: Driver's License State Issued ID US Passport US Military ID

ID Number State of Issue/Military Branch Issue Date Expiration Date

Employer Occupation

Joint 2 Name (First, MI, Last) Social Security Number Date of Birth Phone Number

Street Address (No P.O. Boxes) City State Zip

ID Type: Driver's License State Issued ID US Passport US Military ID

ID Number State of Issue/Military Branch Issue Date Expiration Date

Employer Occupation



Phone: 1.800.544.3328 | Fax: 404.677.4802 | Email: Personal.Deposits@DeltaCommunityCU.com

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Payable on Death Beneficiary Information – cannot be the same person as the Joint Owner

POD 1 Name (First, MI, Last)

Social Security Number

POD 2 Name (First, MI, Last)

Social Security Number

Terms and Conditions

1. You promise that everything you have stated in this application is correct. You authorize Delta Community Credit Union ("Credit Union") to verify your employment and to obtain credit reports and copies of state issued identifications in connection with your request for membership. You understand the Credit Union will rely on the information in this application and your credit reports to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal credit unions and state chartered credit unions insured by the National Credit Union Administration. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. By signing below you acknowledge receipt of a copy of the Member/Savings Services Disclosures and Agreements, including Disclosure Supplement, and Privacy and Opt Out Notification and agree to the terms and conditions therein.

TIN Certification and Backup Withholding Information

By signing below, under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I hereby authorize Delta Community Credit Union to open the above Certificate of Deposit.

Signature of Primary Member _____

(If member is 12 years old or under, please print minor's name)

Date

Signature of Joint Owner _____

Date

Signature of Joint Owner _____

Date

Upon receipt of this form and your check or transfer fund instructions, the Credit Union will open your Certificate of Deposit and your account disclosure documents will be mailed to you.



NCUA

This credit union is federally insured by the National Credit Union Administration.

Phone: 1.800.544.3328 | Fax: 404.677.4802 | Email: Personal.Deposits@DeltaCommunityCU.com

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