

# Certificate of Deposit



**Form Instructions:**

1 — Complete all applicable areas on the form and sign and date in the signature area.

2 — Print and mail the completed form to:

Delta Community Credit Union,  
ATTN: Deposit Services,  
PO Box 20541 Atlanta, 30320-2541,  
or fax 404-677-4802

Update Services for Account No. \_\_\_\_\_

## 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

\_\_\_\_\_  
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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

10.20 page 1/3



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

**P.O. Box 20541, Atlanta GA 30320**

**Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com**

Joint 2 Name (First, MI, Last)		Social Security Number	Date of Birth	Phone Number
Street Address		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
Email	Employer		Occupation	

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

POD 1 Name (First, MI, Last)	Social Security Number	Date of Birth
POD 2 Name (First, MI, Last)	Social Security Number	Date of Birth

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

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.**

