



Certificate (CD) Request Form

Member Name: \_\_\_\_\_

Account # \_\_\_\_\_

Please open the following Certificate (CD):  12 months  24 months

Opening Deposit Instructions (\$500.00 minimum)

Opening Amount \$ \_\_\_\_\_

Check enclosed

Transfer funds from my LFCU Account # \_\_\_\_\_ Suffix \_\_\_\_\_

Transfer the funds from other Financial Institution (Need to fill out an ACH Authorization Form)

Additional Name on the CD

Please specify if the name below will be either a Joint Owner  or a Beneficiary

Form fields for additional name: Last Name, First Name, MI, Relationship, Date of Birth, Social Security #, DL# State & Expiration Date, Email address, Cell Phone #, Street Address, City, State, Zip Code

Please specify if the name below will be either a Joint Owner  or a Beneficiary

Form fields for additional name: Last Name, First Name, MI, Relationship, Date of Birth, Social Security #, DL# State & Expiration Date, Email address, Cell Phone #, Street Address, City, State, Zip Code

I understand that: An automatic rollover will occur at the end of the certificate term, unless I notify you in writing. The new APY would be the one effective on the maturity date. I will have 10 days after the maturity date to notify you without a penalty.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please email it to: Operations@Lutheranfcu.org or fax it to: (314) 394-2799