



We are *the* credit union of The LCMS.

Entity Certificate of Deposit Request Form

Entity/Congregation Name: _____

Member # _____

Please open the following Share Certificate of Deposit: 4 month 6 month 1-year 2-year

Opening Deposit Instructions (\$1,000.00 minimum)

Opening Amount \$_____ (ACH Authorization - Required to fund new Certificate)

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: (9-digits) _____ Account Number: _____ Checking Savings

1. By signing below, I/We authorize Lutheran Federal Credit Union to open the above Share Certificate and initiate an ACH transfer from the financial institution above to fund it. I/We acknowledge that this Certificate will automatically renew at the current term and rate offered by LutheranFCU at maturity. I/We understand that at maturity of the Share Certificate of Deposit, I/we have a grace period of ten (10) calendar days to withdraw the funds without penalty.
2. By signing below, I/we acknowledge receipt of a copy of the Member Services Disclosures and Agreements and agree to the terms and conditions therein.

Account Manager Signature _____

Date _____

Authorized Signer (already on account) _____

Date _____

Authorized Signer (already on account) _____

Date _____

Authorized Signer (already on account) _____

Date _____

Authorized Signer (already on account) _____

Date _____

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