

Certificate of Deposit ID Number _____

Member's Name	
Share Account No.	

Authorization To Open Certificate of Deposit Accounts

Type of Certificate of Deposit	Account to open:			
☐ 6 Month ☐ 9 Month	n 🗌 1 Year 🗌 2 Year	☐ 2½ Year ☐ 3 Year	☐ 4 Year ☐ 5 Year	
☐ 6 Month Safari	☐ Tax Factor 1 Year	☐ Special CD Offering		
I wish to receive interest:	Monthly Quarterly, deposit in	terest to Account No		
	At Maturity, interest will be added ba	ack into the Certificate of Deposit Ac	ecount.	
Issue my Certificate of Depos	it Account for \$	Check/Cash Transfer From Acc	ount No	
Account with Associated Credithat this account will automatic	e below acknowledges the receipt of t Union and that I have received the T ally renew for the same term at matur ate will not be renewed and will be tra	ruth-In-Savings Disclosure and Rate ity. In case of the death of any single	e Disclosure. I also understand e owner or all joint owners prior	
Primary Owner Information				
Name (print)	Signature		SSN	
Phone (work)	Phone (home)	E-mail	Date	
Joint Owner Information				
Name (print)	Signature	SSN	DOB	
Resident Address				
Name (print)	Signature	SSN	DOB	
Resident Address				
	oint Owner Being Added Is Not An E river's License Or State Issued ID M			
Beneficiary Information (Signation	ature of Beneficiary is not required)			
Name (print)	Signature	SSN	DOB	
Resident Address				
Name (print)	Signature	SSN	DOB	
Resident Address				
Accounts. The 9 Month WIN, WIN Account allowing paid or made available to you. Interest on the	tiable and non-transferable, and the credit union may w lows one early withdrawal or early redemption without per e Tax Factor is reported for the year it is paid, as it is pai ur website (acuonline.org), you may also call 770-448-82	nalty. Interest on all regular Certificate of Deposit Acco d once at maturity. Rates Determined Weekly. The inte	ounts is reported to IRS for the year in which it	
	OFFICE US	SE ONLY:		