



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

CERTIFICATE OF DEPOSIT REQUEST

MEMBER NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

I, _____, authorize CAFCU to book a certificate of deposit in my account with the following term, rate, and initial deposit.

Term: _____ MONTHS

Rate: _____ APY

Initial Deposit: \$ _____

PLEASE MARK ONE OF THE FOLLOWING:

BOOK UNDER PRIMARY ACCOUNT HOLDER ONLY

BOOK UNDER PRIMARY AND JOINT ACCOUNT HOLDER (LIST JOINT(S) NAME BELOW):

MEMBER SIGNATURE: _____ **DATE:** _____

FOR CREDIT UNION USE ONLY:

CD OPENED BY: _____

OPENED ON: _____

CD NUMBER: _____ MATURITY DATE: _____