



(312) 726-8814 ♦ www.cpdfcu.com ♦ (312) 499-8866 (Fax)

SHARE CERTIFICATE REQUEST FORM

Member Account Number: _____ Name: _____

Term: _____ months Amount: \$ _____

Automatic Renewal: Yes No Compounding: Yes No Transfer From Shares New Certificate (Money)

Co-owner(s) OR Beneficiary(ies)

Name _____

Name _____

Street _____

Street _____

City/state/zip _____

City/State/Zip _____

Social Security # _____

Social Security # _____

Name _____

Name _____

Street _____

Street _____

City/state/zip _____

City/State/Zip _____

Social Security # _____

Social Security # _____

Primary Member's Signature (Required)

Date

FOR CREDIT UNION USE ONLY

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Certificate Number: _____ % APR: _____ % APY: _____

Processed By Teller # and Initials: _____ / _____ Date Processed: _____

EXTRA .25% CHECKING & ACH RATE VERIFICATION: Manager Teller # _____ / Date _____