



A better environment for your money.

Share Certificate Application

Account Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Maiden Name (if applicable): _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this a new address? Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Joint Owner

First Name: _____ Middle Initial: _____

Last Name: _____ Maiden Name (if applicable): _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Certificate Type & Term

SmartSaver Certificate

Type IRA Non-IRA Jumbo Certificate (\$100,000 and over)

Term: 6 Months 12 Months 24 Months 36 Months 48 Months 60 Months

Initial Deposit: \$ _____ (Must meet minimum requirements.)

Pot of Gold Certificate

Term: 48 Months 60 Months 72 Months

Initial/Ongoing Deposit: \$ _____ (Must meet minimum requirements. Opening deposit must be equal to contracted deposit amount. Deposit amounts cannot be decreased/increased.)

Ongoing Deposit Frequency: Weekly Bi-Weekly Monthly

Ongoing Deposit Method: Payroll Distribution By Mail Account Transfer: Suffix: _____

Initial Deposit Method:

Transfer from Current Account Account Number: _____ Suffix: _____

Enclosed with this application and submitted by mail.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Federally insured by NCUA.



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.