

Community Financial Services F C U

Share Certificate Application



CFS FCU Account Number:	
Social security Number:	
Member Name:	
Joint Member Name:	
Social security Number:	
Address:	
City, State, Zip Code:	
Daytime Phone Number:	
Deposit Amount Requested: (Minimum \$2,500. Maximum \$99,000.)	\$
Term: Check One	ONE YEAR <input type="checkbox"/> TWO YEAR <input type="checkbox"/> THREE YEAR <input type="checkbox"/>
Interest Designation: Check One	ROLL OVER INTEREST WITH CERTIFICATE <input type="checkbox"/>
	TRANSFER INTEREST TO REGULAR SHARE ACCOUNT <input type="checkbox"/>

CERTIFICATION: Under penalty of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature

Date

Joint Signature

Date

