

FIXED DEPOSIT INSTRUCTIONS

DATE	MEMBER NAME		MEMBER NUMBER	
MAILING ADDRESS				
EMAIL		TELEPHOI	NE	
HOW WOULD YOU PREFER FOR YOUR FIXED DEPOSIT CERTIFICATE TO BE DELIVERD TO YOU?				
WERE YOU REFERRED TO THIS PRODUCT BY A STAFF MEMBER? YES NO				
IF YES, PLEASE PROVIDE FIRST AND LAST NAME OF THE STAFF MEMBER				
NEW FIXED DEPOSIT INSTRUCTIONS				
AMOUNT \$	TERM	INTEREST RATE	CERTIFICATE NUMBER	
UPON MATURITY				
PRINCIPLE RENEW	TRANSFER TO A/C#	TYPE	SUB#	
INTEREST COMPOUN	D TRANSFER TO A/C#	TYPE	SUB#	
SOURCE OF FUNDS	TRANSFER	TVDF	CUD #	
CASH CHEQUE	FROM A/C#	TYPE	SUB#	
CHANGE OF FIXED DEPOSIT INSTRUCTIONS				
FIXED DEPOSIT SUB:	MATURITY DATE		CERTIFICATE NUMBER	
UPON MATURITY				
PRINCIPLE RENEW	TRANSFER TO A/C#	TYPE	SUB#	
INTEREST COMPOUN	TRANSFER TO A/C#	ТҮРЕ	SUB#	
WITHDRAWAL/CANCELLATION OF FIXED DEPOSIT INSTRUCTIONS				
FIXED DEPOSIT SUB:	MATURITY DATE		CERTIFICATE NUMBER	
PARTIAL WITHDRAWAL \$		FULL WITHDRAWAL / CANCELLATION		
ADDING FUNDS TO AN EXISTING FIXED DEPOSIT				
FIXED DEPOSIT SUB:	CERTIFICATE NUMBER	AMOUNT \$		
SOURCE CASH CHEQUE TRANSFER FROM A/C # SHARE SAVING SUB #				
MEMBER SIGNATURE VERIFIED BY				
The CICSA Co-operative Credit Union will automatically renew your fixed deposit for a similar term at prevailing rates unless the CICSA Co-operative Credit Union receives two business days written notice. All fixed deposits broken or cancelled before the agreed maturity date will be charged in accordance with our published fee schedule.				
FOR CREDIT UNION USE ONLY				
RECEIVED BY:	POSTED BY	CERTIF	FICATE ISSUED BY	