



DATE  MEMBER NAME  MEMBER NUMBER

MAILING ADDRESS

EMAIL  TELEPHONE

HOW WOULD YOU PREFER FOR YOUR FIXED DEPOSIT CERTIFICATE TO BE DELIVERED TO YOU?  EMAIL  MAILED  COLLECTED

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 TOA/C#  TYPE  SUB #

INTEREST  COMPOUND  TRANSFER TOA/C#  TYPE  SUB #

SOURCE OF FUNDS

CASH  CHEQUE   TRANSFER FROMA/C #  TYPE  SUB #

## CHANGE OF FIXED DEPOSIT INSTRUCTIONS

FIXED DEPOSIT SUB:  MATURITY DATE  CERTIFICATE NUMBER

UPON MATURITY

PRINCIPLE  RENEW  TRANSFER TOA/C#  TYPE  SUB #

INTEREST  COMPOUND  TRANSFER TOA/C#  TYPE  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 OF FUNDS  CASH  CHEQUE  TRANSFER FROMA/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:  CERTIFICATE ISSUED BY:



INTERNAL USE ONLY

Is the member a Politically Exposed Person:

Yes

No

	NAME & SIGNATURE	ROLE	DATE
Approved by Business Unit:	   		
Approved by Compliance:	   		
Officer Processing the Application:	   		