



## Certificate of Deposit (CD) Application

Please complete the bottom portion of this letter and the attached application and return them to us by one of the following methods:

**U.S. Mail: 2 Philadelphia Court, Baltimore, MD 21237 – or– Facsimile: 410.682.6952**

We offer Standard CDs (minimum \$500 to open) and Jumbo CDs (minimum \$10,000 to open) with 6, 12, 24, and 36 month terms. Please visit [pbcu.com/rates](http://pbcu.com/rates) or call AUDRE, our automated phone teller system, at 410.780.0408, to get current CD rates.

We encourage you to contact our Member Service Center at **410.584.7228** if we can assist you in any way.

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Please check one:

**Standard CDs**

(\$500 minimum to open)

6 Month CD  
12 Month CD  
24 Month CD  
36 Month CD

**Jumbo CDs**

(\$10,000 minimum to open)

6 Month CD  
12 Month CD  
24 Month CD  
36 Month CD

**Deposit Type:**

Savings Transfer \$ \_\_\_\_\_ (Amount)

Enclosed Check \$ \_\_\_\_\_ (Amount)

Member Number \_\_\_\_\_

**Signature** \_\_\_\_\_

## Certificate of Deposit (CD) Application

Member Number \_\_\_\_\_ Certificate of Deposit Number \_\_\_\_\_

Individual

Joint

IRA

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

My signature so affixed will be recognized as the only authorized signature for all transactions with the Credit Union unless I have chosen to make this account subject to an order of my Joint Owner(s), in which event his/her signature(s) must also be affixed and will be recognized as authority for all transactions and either party may pledge all or any part of the shares in this account as collateral security for a loan or loans with this Credit Union.

### Joint Applicant (if applicable)

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

**Payable on Death:** Upon the death of the party member, the funds in this account shall be payable to the herein named POD payee(s). The POD payee(s) shall not possess a right to draw upon the funds in the account during the lifetime of the party member.

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Name \_\_\_\_\_ Social Security # \_\_\_\_\_

3. Name \_\_\_\_\_ Social Security # \_\_\_\_\_

4. Name \_\_\_\_\_ Social Security # \_\_\_\_\_

If more than one POD payee is designated herein, the Credit Union will issue, upon the death of the party member, one check payable to all POD payees who are then living.



## Custodial Certificate of Deposit (CD) Application

Member Number \_\_\_\_\_ Certificate of Deposit Number \_\_\_\_\_

### Custodian Information

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

As the Custodian signed above, I acknowledge that the minor named below, born on \_\_\_\_\_, is applying for a Custodial Certificate of Deposit with Point Breeze Credit Union, and the account will be issued under the provisions of the "Maryland Uniform Transfers to Minors Act" and is subject to the Credit Union's Charter and By-Laws, and to the rules, regulations and laws governing the Credit Union. A specimen of my signature is shown above and the Credit Union is hereby authorized to act without further inquiry in accordance with writings bearing such signature.

### Successor Custodian Information

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

### Minor Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_