



Certificate of Deposit (CD) Application

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

U.S. Mail: 11104 McCormick Road, Hunt Valley, MD 21031 – or– Facsimile: 410.771.8491

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** 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.

Please check one:

Standard CDs

(\$500 minimum to open)

6 Month CD

12 Month CD

24 Month CD

36 Month CD

____ Month Special CD

Jumbo CDs

(\$10,000 minimum to open)

6 Month CD

12 Month CD

24 Month CD

36 Month CD

____ Month Special 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 # _____