



Housatonic Teachers Federal Credit Union

APPLICATION FOR CERTIFICATE OF DEPOSIT

Date _____	HTFCU Account Number _____
Member Name _____	Joint Owner _____
Signature _____	Signature _____
Social Security # _____	Social Security # _____
Street _____	Street _____
City, ST _____	City, ST _____
Beneficiary _____	Amount \$ _____
Social Security # _____	Term _____ year(s)
Street _____	Enclose Check
City, ST _____	or transfer from Account # _____

For HTFCU Use Only		
Rate _____	Maturity _____	CD Number _____
Entered By _____	Date _____	