



## Business Term Savings Certificate & Money Market Application

Account Number: \_\_\_\_\_ New      Update      Date: \_\_\_\_\_

THIS ACCOUNT SHALL BE (CHECK ONE)	
<input type="checkbox"/>	Business Term Savings Certificate Account (minimum deposit \$1,000)
<input type="checkbox"/>	Business Money Market Account (minimum deposit \$2,500)

BUSINESS INFORMATION				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Association
Full Legal Business Name:				
DBA (if any):				
Mailing Address:				
City:		State:		Zip Code:
Business Phone Number:				

INITIAL DEPOSIT (Select one of these options)		
<input type="checkbox"/>	Transfer funds from my credit union Business Savings Account	\$
<input type="checkbox"/>	Transfer funds from my credit union Business Checking Account	\$
<input type="checkbox"/>	Check Deposit	\$
<input type="checkbox"/>	Cash Deposit	\$
<b>Total Deposit</b>		\$

TO BE COMPLETED BY Certificate Account Applicants	
Select a Certificate Term	
<input type="checkbox"/>	6 months
<input type="checkbox"/>	1 year
<input type="checkbox"/>	2 years
<input type="checkbox"/>	3 years
<input type="checkbox"/>	4 years
<input type="checkbox"/>	5 years

RENEWAL OPTIONS (Choose one of the following)	
<input type="checkbox"/>	<b>Automatic Renewal Option:</b> I authorize the credit union to renew my Certificate at each maturity without further authorization. I understand that this automatic renewal option may be revoked by me at any time, and that I will receive the notification of upcoming maturity dates and a confirmation of each renewal.
<input type="checkbox"/>	<b>Transfer the balance from my matured Certificate into my Business Savings Account.</b>

DISBURSEMENT OF CERTIFICATE DIVIDENDS (Choose one of the following)	
<input type="checkbox"/>	Allow dividends to accumulate in my Certificate Account
<input type="checkbox"/>	Transfer dividends to my Business Savings Account

I understand and acknowledge that this account will be subject to the applicable terms and conditions set forth in the Business Term Savings Certificate Disclosure, Receipt, and the Business Account Agreement and Disclosure.

I certify that I have the authority to make this transaction on behalf of the business in my capacity as an authorized signer.

PRINT NAME	TITLE (Owner/Officer/Partner/Member)	SIGNATURE	DATE

