



...Giving Members Better Choices!

REQUEST FOR CERTIFICATE OF DEPOSIT

NO PENALTY for early withdrawal as long as minimum balance is maintained.
(This does not include IRAs)

Primary Name on CD _____

Joint Owner(s) _____

Beneficiary _____

Signature X _____ **Date** _____

Phone _____ E-Mail Address _____

Account # _____

Term Requested _____ months Amount \$ _____

Funds to come from: Savings___ Checking___ Money Market___ Check Enclosed___

Handling Instructions for CD Request

Please indicate your CD preference by filling in all information requested above. Then:

MAIL signed request to:
Creighton Federal Credit Union
Attn: New Accounts
2575 Dodge Street
Omaha, NE 68131

-OR-

FAX signed request to:
(402) 341-6262
Attn: New Accounts

-OR-

YOU MAY DROP YOUR REQUEST at any of our convenient locations.

Please be sure that the request is filled out completely. If you have any questions, please call any of our locations for assistance. An application without a valid signature *by all owners of the CD* will be considered void. Creighton Federal will acknowledge having received the application via phone or email.