



Healthcare Employees Federal Credit Union

# SHARE CERTIFICATE AUTHORIZATION

I authorize HEFCU to open a Share Certificate based on the below rates and terms.

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner *(if applicable)*

\_\_\_\_\_  
Joint Owner Signature *(if applicable)*

\_\_\_\_\_  
Date

Check one:

New Money CD (Check enclosed for \$\_\_\_\_\_)

Transfer \$\_\_\_\_\_ from my HEFCU Savings Account

	<u>Term</u>	<u>Rate*</u>		<u>Term</u>	<u>Rate*</u>
<input type="checkbox"/>	6 Months	_____	<input type="checkbox"/>	36 Months	_____
<input type="checkbox"/>	9 Months	_____	<input type="checkbox"/>	48 Months	_____
<input type="checkbox"/>	12 Months	_____	<input type="checkbox"/>	60 Months	_____
<input type="checkbox"/>	24 Months	_____			

This rate quote is valid for the week of \_\_\_\_\_.

\_\_\_\_\_  
HEFCU Representative

*\*Rates are subject to change weekly*

*±Rate is subject to change without notice. CD's are prohibited from additional deposits after opening.*