



An educated choice

SHARE CERTIFICATE FORM

Please print all information.

Account Number _____

Type of Certificate _____

Rate _____ Amount \$ _____

____ Check enclosed for the amount of \$ _____

____ Transfer the amount of \$ _____ from my _____ account.

PRIMARY MEMBER INFORMATION

Name _____

Address _____

Phone _____ Cell _____

Email _____

SECONDARY MEMBER INFORMATION (IF APPLICABLE)

Name _____

Address _____

Phone _____ Cell _____

Email _____

I will review the credit union's *Terms & Conditions, Electronic Transfers, Funds Availability, Truth in Savings*: on their web site _____ as a printed copy _____

MEMBER SIGNATURE _____

DATE _____

P 860-253-4780

P 800-749-8305

F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org



FOR STAFF USE ONLY:

Cert. # _____ Suffix _____ Maturity Date _____

Rev. 1/20