

NY TEAM Federal Credit Union  
65 Broadway  
Hicksville, NY 11801  
(516) 822-1070  
Fax: (516) 822-2478

## CD APPLICATION

[www.nyteamfcu.org](http://www.nyteamfcu.org)

**Member #:** \_\_\_\_\_

Teller #: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize NY TEAM to make and accept the following changes to my/our accounts

### Member's Information

Primary Member: \_\_\_\_\_

DOB: \_\_\_\_\_

Joint Member: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Add Accounts

**Please select the accounts you would like to add to your Membership.**

		Open Amount
12 Month Certificate	Add	\$ _____
16 Month Certificate	Add	\$ _____
24 Month Certificate	Add	\$ _____

Withdraw Funds from:                      Savings                      *Share Draft*                      Money Market

*\*Minimum Balance of \$1,500.00*

### Disclosure

I and We agree that the changes on this card amend the previously signed Account Card and are subject to the terms and conditions of the Membership Agreement. Truth in Savings, Fee Schedule, Funds Availability Policy Disclosure. If applicable to any amendment the CU makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to all accounts and services.

### Member Authorization

*Don't forget to verify your Beneficiary Information*

\_\_\_\_\_

Primary Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Joint Signature

\_\_\_\_\_

Date

### Disclosure

Would like more information on:

- |  |  |
|--|--|
| <input type="radio"/> Line of Credit       | <input type="radio"/> Other: _____           |
| <input type="radio"/> Money Market Account | <input type="radio"/> Personal Loan          |
| <input type="radio"/> Auto Loan            | <input type="radio"/> Boat Loan              |
| <input type="radio"/> Mortgage             | <input type="radio"/> Remote Deposit Capture |
| <input type="radio"/> Home Equity          | <input type="radio"/> Mobile Banking         |