

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

## CD RENEWAL

[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: \_\_\_\_\_

CD Suffix #: \_\_\_\_\_

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

### How to Proceed:

\_\_\_\_\_ At maturity please transfer my certificate into my

\_\_\_\_\_ Share Account

\_\_\_\_\_ Draft Account

\_\_\_\_\_ Please rollover my certificate to:

3 months

6 months

9 months

12 months

16 months

18 months

24 months

30 months

36 months

48 months

60 months

Special: \_\_\_\_\_

### Disclosure

Penalty Fee: Up to 12 month term 90 days of dividends, whether earned. 13-24 months - 180 days of accrued dividends whether earned, 25+ months - 270 days of accrued dividends whether earned.

*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 and Sign up for E-Notices!*

\_\_\_\_\_

Primary Signature

\_\_\_\_\_

Joint Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date