

TACU CREDIT UNION

Share Certificate Application

Date: _____ Amount \$ _____

Member's Name: _____

Address _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: () _____ Business Phone: () _____

Date of Birth: _____ Social Security Number: _____

Mother's Maiden Name: _____ Occupation: _____

Driver's License #: _____

State of Issuance: _____ Issue Date: _____ Expiration Date: _____

Joint Member's Name: _____

Date of Birth: _____ Social Security Number: _____

Mother's Maiden Name: _____ Occupation: _____

Driver's License #: _____

State of Issuance: _____ Issue Date: _____ Expiration Date: _____

Term of share certificate being purchased. (Put an x next to your selection)

_____ 30 day (\$1000 Min.) _____ 90 day (\$100 Min.) _____ 6 month (\$1000 Min.)
_____ 12 month (\$100 Min.) _____ 24 month (\$100 Min.) _____ 36 month (\$100 Min.)
_____ 48 month (\$1000 Min.)

Method of Payment (place an "X" next to your selection).

_____ Cash _____ Check _____ Transfer (from account number _____)

Please choose from the following (place an "X" next to your selection).

_____ Interest to be compounded with share certificate
_____ Transfer dividends to Savings Account Number _____ (Monthly - Quarterly). Circle one
_____ Transfer dividends to Checking Account Number _____ (Monthly - Quarterly). Circle one

(Continued on next page)

Member's Signature

Date

Joint Member's Signature

Date

Witness's Signature

Date

If your signature is not witnessed by a credit union employee, this form needs to be notarized.

State of _____

County of _____

Subscribed and sworn to before me by the above signed

on this _____ day of _____, _____.

Notary Public

My Commission Expires: _____