



TRI-TOWN TEACHERS FEDERAL CREDIT UNION

“THE CARRIAGE HOUSE”
61 JESUP ROAD
WESTPORT, CT 06880
web site: www.tttfcu.org

Telephone: 203 227-8511
Toll free: 877 315-8480
Facsimile: 203 227-0266

CD REQUEST FORM

To request a Certificate of Deposit please fill out the information below with your name, account number and the type of CD requested and fax this form to our office at 203 227-0266 or mail this form with a check in the amount of CD requested to the address listed above. CD's are offered in even \$ thousands with a minimum of \$1,000.

I request that you transfer money from my TTTFCU account listed below to secure a CD in the amount selected in the table below.

Member's Name printed _____ Tel# _____

Member's Signature _____

Member's Account Number _____ CD AMOUNT \$ _____

This is a: New CD _____ or CD Renewal _____

CD Terms with RATES currently in effect. *APY = Annual Percentage Yield

TERM of CD	APR	APY*	Place an X to make a selection
3 Months	0.30%	0.300%	
6 Months	0.40%	0.400%	
9 Months	0.50%	0.500%	
12 Months Paid at Maturity	0.60%	0.600%	
12 Months Paid Monthly	0.60%	0.602%	
18 Months Paid Monthly	0.80%	.0803%	
24 Months Paid Monthly	1.00%	1.005%	

*APY for less than 1 year assumes that you will reinvest at end of term.

Name of any Beneficiaries:
Please print legibly

If you have any questions please call us at 203-227-8511

FAX THIS FORM TO: (203) 227-0266

K/Web forms-CD REQUEST FORM

REV. 4/12