



CREDIT UNION ACCOUNT INFORMATION
Certificate of Deposit

Credit Union Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, & Zip Code: _____

Telephone Number: (____) _____

Federal Tax Identification Number: _____

Date the Board of Directors approved account: _____

Authorized Personnel Information

Individual Name: _____

Title: _____

Home Address Line 1: _____

Home Address Line 2: _____

City, State, & Zip Code: _____

Telephone Number: (____) _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____
(FAX A COPY OF DRIVERS LICENSE)

Issued Date: _____ Expiration Date: _____

Fax form to Attention Janet Behnke at 920-693-8344 or 800-253-6575