

Request for a Certificate of Deposit (CD)

Minimum deposit of \$500.00

I authorize Connecticut Labor Department FCU to open (please check appropriate)

\_\_\_ 6 Month CD rate 0.300% APY

\_\_\_ 1 Year CD rate 0.50% APY

In the amount of \_\_\_\_\_ (enter dollar amount)

Transfer from account # \_\_\_\_\_ or

Check enclosed \_\_\_\_\_

Member Account \_\_\_\_\_

\_\_\_\_\_  
(Member name)

\_\_\_\_\_  
Address

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

Telephone number: \_\_\_\_\_

\_\_\_\_\_  
(Member Signature)

\_\_\_\_\_  
(Date)