



POSTAL AND PARTNERS Co-operative Credit Union Ltd.

55 South Camp Road, Kingston 4
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FIXED DEPOSIT SAVINGS APPLICATION FORM

DATE OF APPLICATION:	ACCOUNT NUMBER:	TRN
SECTION A - MEMBER INFORMATION		
MEMBER NAME	DATE OF BIRTH	GENDER
HOME ADDRESS		
MAILING ADDRESS (If different from home address)		
CONTACT NUMBER	EMAIL ADDRESS	
NAME OF DESIGNATED BENEFICIARY	RELATION	BENEFICIARY CONTACT NUMBER
NAME OF TRUSTEE (if beneficiary is under the age of 18)		TRUSTEE CONTACT NUMBER
SECTION B - SAVINGS/INVESTMENT DETAILS		
AMOUNT (Initial Investment) \$ _____	PROPOSED MONTHLY (Optional) \$ _____	PERIOD OF INVESTMENT 60 DAYS [] 90 DAYS [] 180 DAYS [] 360 DAYS []
MODE OF INVESTMENT Roll Over at the end of the investment [] Cease at the end of the investment []		
Member's Declaration: I confirm that the information given is true in all respects, accurate and complete and that I have not withheld any information that might affect the Credit Union's decision. I agree that early cancellation (1-30 days) will attract an administrative fee of \$1000.00 deducted from the amount invested. I also agree that if I cancel this investment within 31 days or more, the applicable interest rate to be paid will be 1.5% less of the initial interest rate. I also indemnify the PPCCUL of any liability resulting in my inability to contribute weekly/fortnightly/monthly to this savings plan.		
_____ Name (Member)	_____ Signature	_____ Date
FOR INTERNAL USE ONLY		
Start Date of Plan: _____ Amount of \$ _____ entered on member's account.		
_____ Enrollment Taken By	_____ Date	
_____ Approved By	_____ Date	