AERO SERVICES CREDIT UNION
CO-OPERATIVE SOCIETY LIMITED

FIXED DEPOSIT - NEW ☐
FIXED DEPOSIT - RENEWAL ☐

(PLEASE COMPLETE IN BLOCK LETTERS IN BLACK OR BLUE INK)

PRIMARY HOLDER OF FIXED DEPOSIT

NAME: _____

ADDRESS: _____

_____

ACCOUNT NO.: _____ DATE OF BIRTH: _____

(AND/OR) SECONDARY HOLDER OF FIXED DEPOSIT

NAME: _____

ADDRESS: _____

_____

ACCOUNT NO.: _____ DATE OF BIRTH: _____

AMOUNT OF DEPOSIT: _____

_____ ($ _____)

PERIOD OF DEPOSIT: _____ (YEAR/S) INTEREST RATE: _____ P.A

INTEREST DUE:

(i) UPON MATURITY ☐ (ii) ANNUALLY ☐ (iii) SEMI-ANNUALLY ☐ (iv) QUARTERLY ☐ (v) MONTHLY ☐

METHOD OF INTEREST PAYMENT: _____

(ASCU ACCOUNT, ASCU VISA DEBIT CARD, BANK DEPOSIT)

PRIMARY HOLDER SIGNATURE: _____

SECONDARY HOLDER SIGNATURE (if applicable): _____

OFFICIAL USE ONLY

VALUE DATE: _____ MATURITY DATE: _____

FIXED DEPOSIT TYPE: _____ CERTIFICATE NO: _____

ENTERED BY: _____

VERIFIED BY: _____

*Members are required to provide four (4) weeks' notice if withdrawing Fixed Deposit before the maturity date and will be paid interest at the following break rates:

Deposits *LESS* than or equal to $599,999 – 0.5%

Deposits *GREATER* than or equal to $600,000 – 0.6%

I have read, understood and agree to the above conditions. …… **MEMBERS' SIGNATURE**

16/09/24