

PO Box 60651, Montclair, CA 91763 Call Center 800-245-0433 Fax 909-981-7055 www.interfaithfcu.org

## Church Corporate Share Certificate/Money Market Multiplier Request Form

Please indicate your choice of acc	ount:	
Money Market Multiplier	Share Certificate	
IFCU Account number:		
Church/Corporate Name:		
Mailing Address:		
City:	State:	Zip Code:
Name of Primary Contact:	Daytir	me Phone: ()
Open our account for \$	Term:	Santa anti-l
		icate only)
☐ Enclosed is our check for \$	<del></del>	
☐ Transfer \$ fro	om our IFCU account number _	
☐ Wire Transfer (Call credit union	at 80-245-0433 for set up)	
	( )	
authorized signature	daytime phone nu	umber date
	()	
authorized signature	daytime phone nu	umber date
•	osits, there is a penalty for early withdraw	
	information DO NOT RETURN to Interfaith FCU using secure messaging	I completed form by EMAIL  ng while logged in to your account, or by fax or by mail.
	For Credit Union Use On	nly
Type of account opened:	MSR:	Date Processed:
Term: Opening	g Balance:	Maturity Date: