

# North Brookfield SAVINGS BANK

[NorthBrookfieldSavingsBank.com](http://NorthBrookfieldSavingsBank.com)



## CERTIFICATE OF DEPOSIT APPLICATION

First Name:

Last Name:

Submitted on:

**Privacy Policy:** Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

**Account Holders** must reside in the **State of Massachusetts**

### Important Information about Procedures for Opening a New Account

**Identification Procedures Requirements:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### Security Notice:

You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

### Instructions:

1. Complete Application and click "Submit Application" or fax it to 508-867-7574.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

### Primary Joint Account Holder Information

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Email Address

Home Phone

Driver's License No.

Driver's License State

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Work Phone			
Joint Account Holder (with right of survivorship)			
First Name		Middle Initial	Last Name
Date of Birth		Social Security No.	Email Address
Home Phone		Driver's License No.	Driver's License State
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Work Phone			
Account Titling Information	<input type="radio"/> Individual		
	<input type="radio"/> Joint		
	<input type="radio"/> In Trust For		
	<input type="radio"/> Custodial		
In Trust For (required)	Name		Social Security No.
Custodial (required)	Name		Social Security No.
I/We would like to apply for the following Certificate of Deposit:			

Term	<div><input type="radio"/> 3 Month</div> <div><input type="radio"/> 6 Month</div> <div><input type="radio"/> 9 Month</div> <div><input type="radio"/> 12 Month</div> <div><input type="radio"/> 14 Month Easy Save IRA</div> <div><input type="radio"/> 15 Month</div> <div><input type="radio"/> 18 Month</div> <div><input type="radio"/> 21 Month</div> <div><input type="radio"/> 24 Month</div> <div><input type="radio"/> 36 Month</div> <div><input type="radio"/> 48 Month</div> <div><input type="radio"/> 60 Month</div>
Amount \$	
<p><b><i>By submitting this application.</i></b> I (each person jointly and severally) apply for the Certificate of Deposit listed above. As a Certificate of Deposit owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with <b>North Brookfield Savings Bank</b>.</p> <p><b>By clicking the Submit Form button below, I/We AGREE with the above statement</b></p>	