



# Certificate of Deposit New Account Request

To open a new CD account, complete this form and send to [cd@crestmark.com](mailto:cd@crestmark.com)

Member FDIC | Deposits are insured to maximum allowed by law | Early withdrawal penalties apply

Date \_\_\_\_\_ How did you find us?  Web Search  Advertisement  Direct Mail  
Type of Account  Individual  Joint  Business  Trust  Referral from friend or associate  Other \_\_\_\_\_

**Individual (or Primary) Account** (Also need to supply a copy of current Driver's License or other form of state-issued identification)  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**Joint Account** (Also need to supply a copy of current Driver's License or other form of state-issued identification)  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**Business Account** (Also need to supply a copy of Articles of Incorporation)  
Legal Business Name \_\_\_\_\_ DBA \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Federal Employer Identification # \_\_\_\_\_

**Trust Account** Name of Trust \_\_\_\_\_ (Also need to supply a copy of current Driver's License and Trust Agreement)  
Trustee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security # \_\_\_\_\_  Check to add more Trustee Names on second page

**Beneficiary**  Check to add more Beneficiary Names on second page  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**CD Amount Request** \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ Term:  30 day  60 day  90 day  180 day  
 270 day  1 year  18 mo.  2 year  
**Deposit to Crestmark by:**  Wire (Crestmark ABA #072413764, Reference CD and Your Name)  30 mo.  3 year  42 mo.  5 year  
 Check (Payable to Crestmark Bank, Send to address below, attn. CD Dept.)  Other \_\_\_\_\_  
**Simple Interest**  Monthly **Interest**  Direct Deposit to your Banking Account (ACH): Enter Your Bank's Routing # \_\_\_\_\_  
**Paid:**  At Maturity **Paid By:**  Check  Added to CD Account Balance & Enter your Bank Account # \_\_\_\_\_  
(At Maturity)

Authorized Signer \_\_\_\_\_ Authorized Signer \_\_\_\_\_  
Authorized Signer \_\_\_\_\_  Check to add more Authorized Signers and Comments on second page

**Authorization to Open Account**  
Signature (Primary) \_\_\_\_\_ Signature (Joint) \_\_\_\_\_



# Certificate of Deposit New Account Request Supplementary Information

(Photocopy page if more entries are needed)

## Trust Account (Additional Entries)

(Also need to supply a copy of current Driver's License and Trust Agreement)

Trustee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Trustee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Trustee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security # \_\_\_\_\_

## Beneficiary (Additional Entries)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

## Authorized Signers (Additional Entries)

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

## Comments