

Share Certificate Promotional Application

The purpose of this form is to apply for the **12-Month Share Certificate Promotion** beginning on **March 7, 2022**. Once funds are received and your account is set-up, you will receive a receipt and schedule with terms of your certificate.

- I am an existing member (provide member number below)
- I am not a member (complete a new member application and include with this completed form)

Please print legibly

MEMBER INFORMATION				
Name		CU Member Number (if applicable)		
Street Address		City, State, Zip		
Daytime Phone	Cell Phone	Email Address		
ACCOUNT SELECTION				
<input type="checkbox"/> Share Certificate (12-Month, 1.25% APY*) Opening Deposit Amount \$_____				
(Choose one)				
<input type="checkbox"/> I have included a check <i>(if not from Coca-Cola CU funds)</i>				
<input type="checkbox"/> One-time debit of funds from my Coca-Cola Credit Union account <i>(note: funds must be on deposit with CCCU less than 90 days)</i> Withdraw funds from account # _____				
<input type="checkbox"/> One-time transfer of funds from another financial institution <i>(please complete ACH Form below for one-time transfer of funds)</i>				
MATURITY INFORMATION <i>(choose one)</i>				
Upon maturity, please disburse funds as follows:				
<input type="checkbox"/> Transfer funds to Account No. _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking Type / ID No. _____				
<input type="checkbox"/> Check payable to account owner (Note: Check will be mailed to address on file.)				
PAYABLE-ON-DEATH BENEFICIARY INFORMATION				
Name	Address	Phone Number	Social Security #	% of Distribution
Name	Address	Phone Number	Social Security #	% of Distribution
NOTICE: All beneficiaries are subject to an OFAC review before being added or prior to disbursement of funds. Once signed and dated, this Payable-On-Death Beneficiary designation applies only to this certificate account.				Total Distribution <i>(must equal 100%)</i>
AUTHORIZATION				
By signing below I hereby authorize Coca-Cola Federal Credit Union to open the above Certificate account. What I have stated in this application is true and correct to the best of my knowledge.				

Member Signature

Date

*APY(s) = Annual Percentage Yield(s). Rates and terms effective 04/07/2022 and are subject to change without notice. Limited-time offer. New money only. \$1,000 minimum deposit. Funds can be a.) brought in from outside institutions and/or b.) on deposit with Coca-Cola Credit Union less than 90 days. If choosing a one-time debit of funds, please note that transfer could take up to 1 business day to process. A penalty may be imposed for early withdrawal made before maturity. Dividends paid monthly. Offer may not be renewed. Maximum of \$250,000.00 deposit for this promotion per account holder. See certificate disclosures online for complete details. Federally insured by NCUA.

ACH Debit Authorization Form

The purpose of this form is to authorize the Credit Union to debit your account at another financial institution, on a recurring basis (not for one-time payments), in order to repay a loan with the Credit Union.

Please note: This form must be submitted at least three (3) business days prior to the desired payment date.

Member Information																							
Member Name		CU Member Number																					
Daytime Phone	Cell Phone	Member Email Address																					
Authorize Coca-Cola Credit Union to initiate a charge to my (choose one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Loan			Effective Date																				
Loan Number	Payment Frequency	Dollar Amount \$	Check One <input type="checkbox"/> New Request <input type="checkbox"/> Change																				
Financial Institution being debited																							
Name of Financial Institution		Institution City	Institution State																				
Financial Institution 9 Digit Routing Transit Number																							
Account Number to Debit																							
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I hereby authorize Coca-Cola Credit Union (CCCU) to initiate a charge (debit) entry at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until CCCU is notified by me in writing to cancel it in such time as to afford CCCU and the Financial Institution a reasonable opportunity to act on it.

I understand that if the funds are not available in my account on the designated debit date I will be charged an NSF fee. See Rate and Fee Schedule for fee and details.

Please attach a copy of a voided check and fax to 404-598-2586, or email creditunion@coca-cola.com, or mail to the address below attention **Member Services**.

Coca-Cola Credit Union
 P.O. Box 1734
 Atlanta, GA 30301-1734

Coca-Cola Credit Union has the right to terminate, suspend, or audit compliance with agreement and rules, and address restrictions on ACH origination activity.

Member Signature	Date
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