Fixed Term Deposit
Application Form

Savvi Credit Union

Section 1 **Personal Details**

Applicant 1:	**Applicant 2:** (if joint account)
Name:	Name:
Membership Number:	Membership Number:
Address:	Address:
Contact Number:	Contact Number:
Email:	Email:
PPS Number:	PPS Number:

Section 2 **Deposit Details**

How much do you want to transfer to your Fixed Term Deposit account from your Share account?

Transfer Amount:

☐ I/we authorise Savvi Credit Union Ltd to complete a transfer from my Share account for the transfer amount specified:

Signature 1:	Signature 2: (if joint account)
Date:	Date:

WARNING: If you invest in this product, you will not have access to your money for two years.

Need some help with this form?
Call us on 01 - 632 5100 or email us at hello@savvi.ie

Section 3 **Declaration**

I/we have read and agree to be bound by the Terms & Conditions for the operation of the Fixed Term Deposit Account facility

Applicant 1:	**Applicant 2:** (if joint account)
Signature:	Signature:
Date:	Date:

Return your completed form by email to hello@savvi.ie or by post to 56 Sir John Rogerson's Quay, Dublin 2, D02EK2.

Print

Office Use Only

Date Account was Opened:	Opened By:
Date of Deposit Maturity:	Verified by: