

ALCOSE Credit Union 3001 Jacks Run Rd Suite 101 White Oak, Pa 15131

P: 412-673-2450 F: 412-673-2483

www.alcosecu.com

CERTIFICATE OF DEPOSIT (CD) WITHDRAWAL FORM

| Name: | Account Number: |
|--|--|
| CD's will automatically rollover at | forms must be recieved within ten days of the CD maturity date. It the same term if a withdraw request is not received in that If in their entirety will be returned to the member and could delay any |
| Certificate Number: | |
| Deposit the funds fro | m the CD into my savings account. |
| Mail the funds from t | he CD to the address Alcose Credit Union has on file. |
| | |
| Signature (electronic signatures will no | ot be accepted) Date |
| | |
| Tow Cill Stoff Owly | |
| For CU Staff Only: | |
| | Received Date: |
| | Processed Date: Teller Initals: |
| | rener mitals. |