



ST. PAUL-KPEHE CREDIT UNION

FIXED DEPOSIT FORM

A/C NO.:

NAME:
First Name Middle Name Last Name

DATE OF BIRTH:

MOBILE No(s).

RES. ADDRESS:

E-MAIL ADDRESS:

FUNDING

Please debit my/our Credit Union Savings account # with an amount of GH¢.....and transfer same amount of into a Fixed Deposit Investment on my/our behalf.

TERM OF DEPOSIT

1. 3-MONTHS (91 DAYS) ☐
2. 6-MONTHS (182 DAYS) ☐
3.YEAR(S) ☐

FREQUENCY OF INTEREST PAYABLE: QUARTERLY ☐ ANNUALLY ☐ UPON MATURITY ☐

MATURITY INSTRUCTIONS

AUTOMATIC RENEWAL:

- ☐ RE-INVEST BOTH CAPITAL AND INTEREST AT THE PREVAILING RATE ON MATURITY DATE
- ☐ RE-INVEST CAPITAL ONLY AND CREDIT INTEREST TO SAVINGS ACCOUNT #

NO AUTOMATIC RENEWALS

- ☐ CAPITAL AND INTEREST TO BE CREDITED TO SAVINGS ACCOUNT #

CONFIRMATION

I / WE CONFIRM THAT I / WE HAVE BEEN BRIEFED ABOUT

- ☐ THE CREDIT UNION'S TERMS AND CONDITIONS
- ☐ INFORMATION ABOUT THE INTEREST RATES ()
- ☐ SUMMARY OF INFORMATION ABOUT THIS PRODUCT

SIGNATURE(S)

OFFICE USE ONLY

PREPARED BY:

APPROVED BY:

DATE: