

SEND THIS FORM WITH YOUR CHECK TO:
MOLEX CREDIT UNION 2222 WELLINGTON CT. LISLE, IL 60532

**MOLEX EMPLOYEES FEDERAL CREDIT UNION
CD DEPOSIT FORM**



**MOLEX CREDIT UNION
CD DEPOSIT FORM**

NAME _____ **ACCT. #** _____

AMOUNT OF DEPOSIT \$ _____ **6 MO. OR 12 MO. TERM?** _____

JOINT ACCOUNT HOLDER IF ANY _____

BENEFICIARY _____

MEMBER SIGNATURE _____