



STATE BANK OF INDIA

Deposit Section
460 Park Avenue, 2nd Floor
New York, NY 10022

Member FDIC

Form DEP-CD

(For office use)

Account No. _____

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)

CUSTOMER NUMBER
(New customers may leave this blank)

I / We request you to open the following CDs with your branch. I/We have read and understood the terms and conditions on which CDs are offered. I/We acknowledge the receipt of the interest rate chart applicable for Certificates of Deposit.

Amount (\$)	Months	Interest Option		
		Cumulative	Non-cumulative	In case of non-cumulative interest
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Credit my/our <input type="checkbox"/> Checking <input type="checkbox"/> MMD account with your Branch. <input type="checkbox"/> Credit my/our a/c No. _____ Bank: _____ ABA Routing #: _____ through ACH. <input type="checkbox"/> Mail interest check to the home address of the first account holder.
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Source of Funds
(Check All That Are Applicable)

Current Income/wages Past savings Pension/S.S. Benefits
 Rent Liquidation of investments Sale of property
 Others (specify): _____

Mode of Operation

Single Joint with the right of survivorship

Mode of Deposit (Funding)

Debit my/our Checking / MMD account with you, **OR**
 Check No. _____ attached

1 st Applicant	2 nd Applicant	3 rd Applicant
Signature:	Signature:	Signature:
Name:	Name:	Name:

Date (mm/dd/yyyy): _____ Place: _____