Clear Form

LEAGUE SAVINGS AND MORTGAGE
A Credit Union Company

Tax Free Savings Account Subsequent Deposit

ACCOUNT NUMBER	MASTER NO.

Account Holder Information

SURNAME	GIVEN NAME(S)

Have you had a change of addresss or phone number? ☐ Yes (Please complete) ☐ No

PHONE NUMBER

NEW STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

Has your beneficiary changed? ☐ Yes (Please attach a Designation of Beneficiary form) ☐ No

If you wish to **access statements online**, we will contact you with login information by:

☐ Secure email ☐ Phone ☐ I/We decline online statements

EMAIL ADDRESS

Deposit Details

TRANSACTION CODE

240 New Dollars • **218** Internal Transfer • **258** External / Death Transfer • 263 Marriage / Partner Transfer

PRINCIPAL AMOUNT ($)	☐ Term ☐ Variable	YRS / MTHS Yrs.	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)

Signatures

SIGNATURE OF ACCOUNT HOLDER	DATE (MM/DD/YY)	ACCEPTED BY AUTHORIZED OFFICER

Additional Notes

LSM - Internal Use Only

SOURCE	BONUS LEVEL	CLASSIFICATION	SERVICE NO.	POTENTIAL INTEREST	CLASS

☐ **Cheque Deposit** ☐ **ICU Deposit** ☐ **Internal Transfer**

NAME OF FINANCIAL INSTITUTION	TRANSIT NO.	INST. NO.	ACCOUNT NO.	CHECKED BY