

Certificate of Deposit account number(s): _____

Please indicate how frequently you would like your interest credited

- Monthly Quarterly Semi-Annually Annually

PLEASE INDICATE HOW YOU WOULD LIKE THE PAYMENT HANDLED

- Send it to address on account
- Transfer it to existing Desert Community Bank account

Desert Community Bank account number: _____

- Transfer it to a different financial institution

Name on account: _____

Routing Number: _____ Account Number: _____

- Checking Savings

Signature: _____ Date: _____

IMPORTANT INFORMATION

Once complete and signed, please mail or fax to:

Mail: Desert Community Bank | Internet Banking | Mail Stop 4-323 | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (248) 250-5551