



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 Flagstar Bank account

Flagstar Bank account number \_\_\_\_\_

Transfer it to an outside institution

Name on account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

- Checking       Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT INFORMATION**

**Once complete and signed, please mail or fax to:**

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