



# STATE BANK OF INDIA

Deposit Section  
460 Park Avenue, 2<sup>nd</sup> Floor  
New York, NY 10022

**Form DEP-CD**

(For office use)  
Account No. \_\_\_\_\_

Member FDIC

Tel: 212-521-3282,3283,3285,3286,3287. Fax: 212-521-3361; E-mail: [mgrdep.nyb@statebank.com](mailto:mgrdep.nyb@statebank.com)

<b>APPLICATION FOR CERTIFICATE(S) OF DEPOSIT</b> (New customers should fill this form along with Form DEP-1)				
<b>CUSTOMER NUMBER</b> <i>(New customers may leave this blank)</i>				
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 #: _____ <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"/>	
<b>Source of Funds</b> <i>(Check All That Are Applicable)</i>		<input type="checkbox"/> Current Income/wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension/S.S. Benefits <input type="checkbox"/> Rent <input type="checkbox"/> Liquidation of investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Others (specify): _____		
<b>Mode of Operation</b>		<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor(s) <input type="checkbox"/> Joint or Survivor <input type="checkbox"/> Other ( <i>specify</i> ) _____		
<b>Mode of Deposit (Funding)</b>		<input type="checkbox"/> Debit my/our Checking / MMD account with you, <b>OR</b> <input type="checkbox"/> Check No. _____ attached		
<b>1<sup>st</sup> Applicant</b>		<b>2<sup>nd</sup> Applicant</b>		<b>3<sup>rd</sup> Applicant</b>
Signature:		Signature:		Signature:
Name:		Name:		Name:
Date:		Place:		