THE ROSSES
CREDIT UNION LIMITED

Fixed Term Deposit Account

APPLICATION FORM | TWO-YEAR TERM | 2027–2029

Closing date	**31 January 2027**
Deposit start date	**1 February 2027**
Maturity date	**31 January 2029**

01 MEMBER DETAILS

Member number

Full name

Address

Eircode

Email

Mobile No.

02 DEPOSIT INSTRUCTION

Amount to deposit (€)

I request a two-year fixed term deposit at the stated fixed rate of 2.5%, subject to the final product terms. I authorise The Rosses Credit Union Limited to transfer the amount above from my account identified below on the agreed funding date.

Funding account number

I confirm that I have received and read the final Terms & Conditions and understand the restrictions on accessing my funds before maturity.

Member signature **Date** **Member signature** **Date**