



Certificate of Deposit Renewal Form



Authorizes PBI Bank to renew a Certificate of Deposit (CD). (Only applicable to CDs at maturity)

1. Complete section 1
2. Select option in section 2
3. Select option in section 3 if applicable
4. Sign section 4
5. Mail or fax the completed and signed form to PBI Bank **Fax:** 502-499-4811 **Mail:** P.O. Box 436029 Louisville, KY 40253

1. Account Information

My PBI Bank Account

My Name (please print)	My Account Number	Maturity Date of CD
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2. Renewal Options – select one

You have ten calendar days after maturity (grace period) to renew with a change to the deposit amount or term. We can accept your request up to 30 days prior to maturity. **To renew at the same term with no changes, you don't need to take any action.** Your CD will automatically renew for the same term at the rate in effect at maturity.

Same Term **New Term** – CD will renew at rate in effect on date of maturity.

<input type="checkbox"/> 6 Month	<input type="checkbox"/> 2.5 Year (30 months)
<input type="checkbox"/> 1 Year (12 months)	<input type="checkbox"/> 3 Year (36 months)
<input type="checkbox"/> 2 Year (24 months)	<input type="checkbox"/> 5 Year (60 months)

3. Funding Options – select one if you wish to change the amount of your CD

Additional Funds **Less Funds**

Amount to add to CD \$ _____

Additional Funding Source:

Check

Transfer from my PBI Bank account

ACH from another bank*

Wire Transfer –
Date wire will be sent _____

Please note that the maximum balance is \$100,000.

Send my accrued interest.
Leave principle to renew for another term.

Send \$ _____ and renew remaining funds.

Forms of disbursement:

Deposit into my PBI Bank account

Send a check to my address of record

ACH to another bank*

Wire Transfer*

* To perform an ACH transfer, complete a Cash Transfer Authorization Form. To request a wire transfer, complete a Wire Transfer Request. Both forms are available in the Customer Service section of our site.

4. Your Signature

I/(we) hereby authorize PBI Bank to renew the Certificate of Deposit as stated above.

Signature (this form must have your signature to be processed)

Date

For Bank Use Only

Customer Service Use: Verified _____ Date of verification _____ CSR initials _____