



# TIME CERTIFICATE OF DEPOSIT MODIFICATION AUTHORIZATION

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

I. Renewal Change			
Current Term		New Term	
Current Maturity Date		New Maturity Date	
Additional Information			

By signing below, I acknowledge receiving a copy of the account disclosure for the new account product.

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

II. Interest Payment Authorization				
Payment Frequency	Monthly	Quarterly	At Maturity	Annually (required for TCD term longer than 12 months)
Payment Method				
a. Add to Account at Maturity (Term less than 12 months)				
b. Credit to Another NOB Account			Account Number	
c. Authorization to Credit to the Following Account via ACH				
Depository Bank Name				
Routing Number			Account Number	
Account Type	Checking    Savings			

To receive interest payment(s) via ACH Automatic Deposit, I (we) understand that this authorization will remain in full force and effect until I (we) notify New Omni Bank, N.A. in writing by mail to 1414 S Baldwin Ave, Arcadia, CA 91007 that I (we) wish to revoke this authorization or close my (our) account. I (we) understand that New Omni Bank, N.A. requires at least ten (10) days prior notice in order to cancel this authorization. I hereby authorize New Omni Bank, N.A. to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct erroneous credits. I (we) ratify such instructions and agree that the Bank will not be liable for any loss, liability, cost, or expense for acting upon my (our) instruction. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

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

**For Bank Use Only: Requests may be accepted by Phone, Secured Email, or Fax with positive identity verified. Customer authorization is required for ACH interest transfer.**

Instruction Received	In Person	By Phone	By Email	By Fax
Employee Received and Verified Customer Identification (and/or Signature)	Employee Name (Print & Sign)			Date
	System Changed By	Approved By	Call Back By	