

Certificate Maturity Authorization

Member Name: _____

Member Number: _____

Certificate Number: _____

Maturity Date: _____

Transfer \$ _____ from my _____ account to my certificate.

Reinvest my certificate for an additional term of _____

Close my certificate and transfer the balance to my Share Savings Account.

Close my certificate and mail me a check for the balance.

Other: _____

Member Signature: _____

Date: _____

Phone Number: _____

Print and mail or fax to: Point Breeze Credit Union
11104 McCormick Road
Hunt Valley, MD 21031
410.771.8491 fax