

## 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