



70 Westview Street
 Lexington, MA 02421
 617-253-2845
 www.mitfcu.org

SHARE CERTIFICATE APPLICATION

Member Number: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

NOTE: IRA Share Certificates must be opened in person at one of our branch locations. Do not complete this form if you intend to open an IRA Share Certificate.

Term		Amount	Dividends	Deposit Amount
<input type="checkbox"/>	12 Months	\$	NOTE: Dividends may not be posted to another Share Certificate or IRA.	
<input type="checkbox"/>	18 Months	\$	Automatically post dividends to my _____ account. Add dividends to my Share Certificate balance each month. I understand that once dividends are posted, they cannot be withdrawn or transferred without incurring the set penalty.	<input type="checkbox"/> Check enclosed for: \$ _____ <input type="checkbox"/> Please transfer: \$ _____ from my _____ account. <input type="checkbox"/> Cash deposit of: \$ _____
<input type="checkbox"/>	24 Months	\$		
<input type="checkbox"/>	36 Months	\$		
<input type="checkbox"/>	48 Months	\$		
<input type="checkbox"/>	60 Months	\$		
<p>NOTE: The minimum balance required for a standard Share Certificate is \$500.</p>				

Member Signature _____

Date _____

Printed Name _____