



70 Westview Street
Lexington, MA 02421
T 781-423-2022 | F 617-258-5709
info@mitfcu.mit.edu
www.mitfcu.org

SHARE CERTIFICATE MATURITY REQUEST

Member Name: _____ Member Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I would like to make the following changes to my Share Certificate account number _____
on its maturity date of _____.

Rollover the full amount into another Share Certificate of the same term.

If the same term is not available, I would like MIT FCU to rollover the full amount into a similar term Share Certificate, which is not longer than the original term.

Return the full amount to me via check.

Transfer the full amount into my MIT FCU account number: _____

Other: _____

Member Signature

Date

Joint Member Signature

Date