



P.O. Box 4000, MS910  
Clinton, MD 20735-8000

# mail transaction form

Member Name *(Please Print)*

Address/City/State/Zip

Please indicate with an "X":

Change address to address listed above.  
*(Signature required for address change)*

Member Signature

For each member number, please complete a separate form.

- List all checks separately
- Endorse all checks
- Do not send cash through the mail

**Note:** Funds for deposit may not be available for immediate withdrawal.

Member No.

Date \_\_\_\_\_

Check account(s) to be credited	✓	Amount
Savings (Share)		\$ , .
Checking (Share Draft)		\$ , .
Planners' Savings		\$ , .
IRA for _____ tax year		\$ , .
Money Market		\$ , .
Loan Payment <i>(type)</i> _____		\$ , .
Other <i>(specify type)</i> _____		\$ , .
<b>Total Transaction Amount</b>		\$ , .

List individual checks:

Check #	Amount	Check #	Amount

