

City of Boston Credit Union Check Withdrawal By Mail Form

Print this form, complete and mail to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201.

MEMBER INFORMATION (Please Print)

Member Number _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

WITHDRAWAL INFORMATION

Please withdraw \$ _____ from my (choose one):

Savings Checking Money Market Holiday Club

Vacation Club Thrift Club All-Purpose Club

Checks can **only** be made out to the Member on the account and mailed only to the address on file.

Member Signature: _____ Date: _____

Form must be signed by member, signature will be verified.

