MATURED SHARE CERTIFICATE AUTHORIZATION

I _____ give my consent to have Actors Federal Credit Union conduct the following transaction(s) with my matured Share Certificate:

☐ Transfer $_____ from my matured Share Certificate into my **Share Savings** # _____

☐ Transfer the FULL balance of my matured Share Certificate into my **Share Account** # _____

☐ Transfer $_____ from my matured Share Certificate into my **Draft Checking** # _____

☐ Transfer the FULL balance of my matured Share Certificate into my **Draft Checking** # _____

☐ Transfer $_____ of my Share Certificate into a **NEW Share Certificate** with the Term of: _____ months

☐ Transfer the FULL balance of my Share Certificate into a **NEW Share Certificate** with the Term of: _____ months

I agree to receive my receipt(s) electronically (if enrolled in eDocuments) or mail (if not enrolled in eDocuments):

☐ Yes, please proceed with the above instructions

SIGNATURE(S)

_____	_____	_____
Primary Accountholder Printed Name	Primary Accountholder Signature	Date
_____	_____	_____
Co-Owner Accountholder Printed Name	Co-Owner Accountholder Signature	Date

CREDIT UNION USE ONLY

Delivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax   **Received Date:** _____   **Processed By (Teller Stamp):** _____