SOUTHERN MIDDLESEX COUNTY TEACHERS Federal Credit Union

39 Brunswick Woods Drive East Brunswick, NJ 08816-5601

WITHDRAWAL FORM

If you are requesting a withdrawal but need the check made out to someone other than yourself please complete this form and bring/email/fax to the credit union

10: Southern Middlesex County	Teachers Federal Cred	lit Union	
From: (Your Name)			
Account# Last 4 c	ligits of SSN		
This is a withdrawal request for:	\$	_from my	
Regular Share Account Summer Savings Account Other Please list sub-account number			
Make check payable to			_(if other than yourself)
Please put this in the mail on	Date		_(can only be mailed to address on file)
I will pick up in the office on	Date		_
SIGNATURE			_
DATE OF REQUEST			
REMINDER: Dividends are com	nputed on a daily basis.	You earn	interest on the money in

your account until the day you take it out. Dividends are posted to your account at the end of

each quarter. A \$5.00 minimum balance is required to keep your account open.