



TRANSPORTATION FEDERAL CREDIT UNION

P.O. Box 70440
Washington, DC 20024-0440
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www.transfcu.com

Share Certificate Maturity Notice

Member Name: _____ Account # _____

Please do not renew my Share Certificate # _____

At maturity, please credit my _____ account with the proceeds.

Member Signature _____

Date _____

Daytime Phone Number _____



Your savings federally insured to at least \$100,000
and backed by the full faith and credit of the United States Government



Additional coverage up to \$250,000 provided by Excess
Share Insurance Corporation, a licensed insurance company.