City of Boston Credit Union Deposit By Mail Form

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

MEMBER INFORMATION (Please Print)

Member Number					
First Name	Name Last Na		ame		
City		State		Zip	
Phone Number					
DEPOSIT INFORMATION					
Please deposit the enclosed chee	ck to my (choose one)	:			
Savings	Checking	Money Marke	t Holiday Club		
Vacation Club	Thrift Club	All-Purpose C	lub		

Receipt will be mailed to the address on file. Check must be endorsed and payable to account holder or City of Boston Credit Union only. We do not accept double endorsed checks (third party) checks. Mark check for "**Deposit Only**".

