

# DEPOSIT BY MAIL VOUCHER

Date \_\_\_\_\_

Account # \_\_\_\_\_ Name \_\_\_\_\_

## INSTRUCTIONS

Please endorse your check:

Your name as it appears on the face  
Your account number  
For deposit only  
Cedar Point Federal Credit Union

Fill out the information on this form completely.  
We will be happy to split your deposit  
according to your instructions.

**Mail your check and this form to:**

Cedar Point Federal Credit Union  
22745 Maple Road  
Lexington Park, MD 20653

Share Type	Suffix (e.g. 0, 8, L1)	Amount
Saving		
Checking		
Loan		
Other _____		
Total		

Checks are credited subject to collection  
Please see the Availability of Funds disclosure for more information.