

Cambridge Municipal Employees Federal Credit Union



Founded 1939

cambridgefcu.com

Retiree Monthly Deduction Form

*Please Print Clearly and Return to Cambridge Municipal Employees Federal Credit Union
Send to Cambridge City Hall (contact info below) or info@cambridgefcu.com*

Name: _____
Last First M

Telephone Number: _____ SSN Last 4 Digits _____

Monthly Amount

Share/Savings/Loan \$ _____

Holiday Club \$ _____

Vacation Club \$ _____

Retiree Total

Monthly Deduction: \$ _____

I authorize the above deduction to be paid to the Treasurer of the Cambridge Municipal Employees Federal Credit Union (CMEFCU) and agree that no changes can be made without the approval of the CMEFCU Treasurer.

Signature: _____ Date: _____

Credit Union Signature: _____ Date: _____

Credit Union Use Only:

Acct # _____ Payroll Code 006 _____