

PLEASE DO NOT FOLD, STAPLE OR TAPE

PSECUSM

P.O. BOX 67013
HARRISBURG, PA 17106-7013

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ACCOUNT NUMBER

PRINT NAME

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DAYTIME PHONE NUMBER

PLEASE DO NOT SEND CASH.

Please send additional deposit slips.

INSURED BY NCUA.

©PSECU Form #2103 0721

TO ASSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE:

- Endorse all checks exactly as drawn. If check is endorsed "For Deposit Only," signature of the check holder is required. Improperly endorsed checks will be returned.
- Mail deposit using the mailing labels provided.
- Indicate distribution of enclosed deposit as follows:

IRAs	AMOUNT
IRA Contribution 20_____*	
Type (please check one):	
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> SEP	

Investment Choice: (check only one)		
<input type="checkbox"/> IRA Share IRA Certificate:		
<input type="checkbox"/> 3-month	<input type="checkbox"/> 12-month	<input type="checkbox"/> 36-month
<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 48-month
<input type="checkbox"/> 9-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 60-month

* Irrevocable Payment

TOTAL ENCLOSED	\$
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IRA CONTRIBUTION - Signature of IRA Owner Required

X

SIGNATURE

DATE