



Name _____

Date _____

Member/Account# _____

Daytime Phone _____

DEPOSIT		WITHDRAWAL		TRANSFER		
Currency & Coins	\$ _____	<input type="checkbox"/> Savings	_____ \$ _____	FROM		TO
Checks 1)	\$ _____	<input type="checkbox"/> Checking	_____ \$ _____	Account suffix	Amount	Account suffix
2)	\$ _____	<input type="checkbox"/> Other	_____ \$ _____		\$ _____	
Total From Back	\$ _____	<input type="checkbox"/> Other	_____ \$ _____		\$ _____	
Total	\$ _____	Total \$ _____			\$ _____	
Less Cash Rec'd	\$ _____	DRIVE-THRU TRANSACTIONS:			\$ _____	
NET DEPOSIT	\$ _____	<input type="checkbox"/> Deposits			\$ _____	
DISTRIBUTION OF DEPOSIT		<input type="checkbox"/> Transfers			\$ _____	
Savings _____	\$ _____	<input type="checkbox"/> Cash Withdrawal up to \$1,500.00		Transaction slip required for all drive-thru request. Thank You!		
Checking _____	\$ _____	LOBBY SERVICES:				
Loan _____	\$ _____	<input type="checkbox"/> Cashier Check				
Other _____	\$ _____	<input type="checkbox"/> Gift Card				
		<input type="checkbox"/> Money Order		_____ Valid ID Signature required for all withdrawals & transfers.		

Please write your account number on the back of all checks. Deposits may not be available for immediate withdrawal. See Funds Availability Policy. All checks deposited are subject to collection.

List Checks individually	Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
TOTAL FROM THIS SIDE	

IMPORTANT: Enter the total in the space provided on the front.