



Name \_\_\_\_\_

Date \_\_\_\_\_

Member/Account # \_\_\_\_\_

Daytime Phone \_\_\_\_\_

DEPOSIT		WITHDRAWAL		TRANSFER		
Currency & Coins	\$ _____	<input type="checkbox"/> Savings	_____ \$ _____	<b>FROM</b>		<b>TO</b>
Checks 1)	\$ _____	<input type="checkbox"/> Checking	_____ \$ _____	Account suffix	Amount	Account suffix
2)	\$ _____	<input type="checkbox"/> Other	_____ \$ _____		\$ _____	
Total From Back	\$ _____	<input type="checkbox"/> Other	_____ \$ _____		\$ _____	
Total	\$ _____	<input type="checkbox"/> Other	_____ \$ _____		\$ _____	
Less Cash Rec'd	\$ _____	Total	\$ _____		\$ _____	
<b>NET DEPOSIT</b>	<b>\$ _____</b>	<b>WITHDRAWAL IN FORM OF</b>			\$ _____	
<b>DISTRIBUTION OF DEPOSIT</b>		<input type="checkbox"/> Cash	<input type="checkbox"/> Gift Card	<p><b>Valid photo ID required with all transactions.</b></p> <p>_____</p> <p style="text-align: center;">Signature required for all transactions.</p>		
Savings _____	\$ _____	<input type="checkbox"/> Travelers Cheques	<input type="checkbox"/> Money Order			
Checking _____	\$ _____	<input type="checkbox"/> Cashiers Check	<input type="checkbox"/> Gift Cheque			
Loan _____	\$ _____					
Other _____	\$ _____					
		<b>Payable to:</b> _____				

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	
<b>IMPORTANT:</b> Enter the total in the space provided on the front.	