

SHARED BRANCHING TRANSACTION SLIP



***ATTENTION!! ALL information requested (in red) must be correct or we will NOT be able to proceed with your transaction!!**

Credit Union Name _____ Member or Acct # _____ Date _____
 Member or Joint Owner Name _____ DOB _____ Member's or Joint Owner's Last 4 Digits of SSN _____ Phone# _____

Member's correct address on account _____

Amount Given Teller	Deposit/Payments
Cash _____	Draft/Checking _____
Check(s) _____	Regular Savings _____
Grand Total _____	Loan Payment _____

Withdrawal
Regular Savings _____
Draft/Checking _____
Other _____

Returned to You Cash _____ (\$2,000 maximum) Official Check \$ _____ Payable to _____
 Your Signature _____ Special Instructions _____

*****FOR C.U. USE ONLY(MUST BE COMPLETED OR YOU CAN NOT PROCEED WITH TRANSACTION!!)*****

State of ID _____ Exp Date _____ ID# _____ Does address on transaction slip and ID match? Y N

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