

PLEASE PRINT

IDENTIFICATION

ACCOUNT NUMBER	DATE

YOUR NAME

YOUR DRIVER'S LICENSE NUMBER OR OTHER ID

YOUR SIGNATURE

X _____

Proper identification is required for all account inquiries.

DEPOSIT

Account	Account Type	Amount
SHARE	00	\$
CHECKING	08, 15, 16	\$
MONEY MARKET	09	\$
OTHER		\$

PAYMENT

LOAN PAYMENT		\$
OTHER		\$

WITHDRAWAL

Account	Account Type	Amount
SHARE	00	\$
CHECKING	08, 15, 16	\$
MONEY MARKET	09	\$
OTHER		\$
CASHIERS CHECK		\$

Payable to: You Other - Payee

Payee Name:

Cash Back _____ \$

Account Type Total Transfer

Transfer Section	From Account #: _____ - _____	
	To Account #: _____ - _____	
	From Account #: _____ - _____	
	To Account #: _____ - _____	

List Checks	Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total	

Check this box if you need more FedChoice Bank-by-Mail envelopes

CREDIT UNION USE ONLY	
Date Received	_____
Amount Verified	_____
Employee's Initials	_____