TRANSACTION REQUEST FORM

☐ La Capitol FEDERAL CREDIT UNION ☐ CO-OP SHARED BRANCH

Name: _____ Date: _____

Member #: _____

CU Name: _____ State: _____

DEPOSITS / PAYMENTS

Funds from deposits may not be available for immediate withdrawal. Please refer to your institution's rules governing funds available for details.

Amount $: _____ To: ☐ Checking ☐ Savings ☐ Visa ☐ Loan # _____

Amount $: _____ To: ☐ Checking ☐ Savings ☐ Visa ☐ Loan # _____

DESCRIPTION	DOLLARS	CENTS
CURRENCY		
CHECKS (LIST SEPARATELY)		
TOTAL		
Cash Back		
Amount of Deposit		

WITHDRAWALS / ADVANCES

Amount $: _____ From: ☐ Checking ☐ Savings ☐ Visa ☐ Line of Credit

Amount $: _____ From: ☐ Checking ☐ Savings ☐ Visa ☐ Line of Credit

OFFICIAL CHECK

Amount $: _____ From: ☐ Savings ☐ Checking

Payable to: _____

TRANSFERS

Amount $: _____ From: ☐ Checking ☐ Savings To: ☐ Checking ☐ Savings

Amount $: _____ From: ☐ Checking ☐ Savings To: Loan # _____ Loan type _____

From: ☐ Checking ☐ Savings To Member #: _____ ☐ Savings ☐ Checking

From: ☐ Checking ☐ Savings To Member #: _____ Loan #: _____

ID#: _____ Exp. Date: _____ State: _____

Date of Birth: _____ Last 4 of SSN: _____

Member's Signature **X** _____

Proper ID - For your protection and the protection of your credit union, ***picture identification is required on all transactions***. Please present to teller at time of transaction.