

TRANSACTION REQUEST FORM

La Capitol

 CU SERVICE CENTERS.
The Member-Friendly Financial Network

Name _____ Date _____

Member No. _____

CU Name _____ State _____

DEPOSITS / PAYMENTS

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

Amount \$ _____ To _____

Amount \$ _____ To _____

| DESCRIPTION | DOLLARS | CENTS |
|---|---------|-------|
| CURRENCY | | |
| LIST CHECKS SEPARATELY | | |
| <i>Be sure each check is properly endorsed.</i> | | |
| | | |
| | | |
| TOTAL | | |
| LESS CASH RECEIVED | | |
| NET DEPOSIT | | |

WITHDRAWALS / ADVANCES

Amount \$ _____ From _____

Amount \$ _____ From _____

CHECK CASHING

Amount \$ _____

TRANSFERS

Amount \$ _____

From _____ To _____

STATEMENT PRINT

On Acct# _____

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.

ID# _____

Member's
Signature **X** _____