



DEPOSIT / WITHDRAWAL TRANSACTION FORM

METRO Federal Credit Union
 2440 E Rand Road
 Arlington Heights IL 60004-5802
 (847) 670-0456 Fax (847) 670-0401

ACCOUNT DEPOSIT		Date	Acct#	LOAN / VISA PAYMENT	
Cash	\$	Print Name:		Visa/Loan No.	
Checks	\$	Signature		Amount \$	
Checks	\$	SAVINGS WITHDRAWAL		ACCOUNT TRANSFER	
Coin		Cash Amount \$		From Acct#	
Total	\$	Check Amount \$		To Acct#	
Savings (00)	\$	Payable To:		Transfer Amount \$	
Checking (80)	\$	TRAVELERS CHECKS (Min. Fee \$7)		CASHIERS CHECK (\$3.00 Fee)	
Checking (81)	\$	Amount of Checks \$:		Amount of Check:	
VIP Checking (30)	\$	SAVINGS BONDS		Payable to:	
Suffix: ()	\$	Amount of Bonds \$:			
Cash Returned	\$			IMPORTANT NOTICE: All Checks must be properly endorsed before deposit. In some cases check holds may apply. When this occurs, we will notify you at time of transaction.	