



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. | |



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