



PO Box 1200
Fairfax, VA 22038

Name: _____ Date: _____

Member Number: _____ Daytime Phone No: _____

Deposit/Payment		
Account	ID	Amount
Savings		
Checking		
Loan		
Other		
Other		
*Total from reverse side		
Cash Back		
Total Net Deposit		

Withdrawal		
Account	ID	Amount
Savings		
Checking		
Other		
<input type="checkbox"/> Check Payable To: <input type="checkbox"/> Cash		

X _____		
Member's Signature Required		

Transfer/LOC Advance	
From (Name) _____	
Account No. _____ - _____	
To (Name) _____	
Account No. _____ - _____	
Amount \$ _____	
ACCOUNT ID:	
000 - Savings	016 - Extras Checking
011 - Super Money Market	017 - Checking
012 - Second Checking	060 - Holiday
015 - Money Market	065 - Vacation



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