Star Choice
Credit Union

Date:_____

Name:_____

Member/Account Number:_____

ID required for all transactions

Deposit

Funds to be deposited

Currency	$_____
Coin	$_____
Check(s)	$_____
	$_____
Total	$_____
Less Cash Received	$_____
Total	$_____

Deposits may not be available for immediate withdrawal

Deposit funds to:

Account:	Amount:
Checking	$_____
Savings #_____	$_____
Loan #_____	$_____

Withdrawal

Cash Withdrawal

Amount: $_____

From: ❑Savings ❑Checking ❑Other_____

Cashier's Check

Withdraw From:
❑Savings ❑Checking ❑Other_____

In the amount of: $_____

Check payable to:_____

Transfer

From Account #: _____

In the amount of: $_____

To Account #:_____

Member name: _____

Signature

X_____

Federally Insured by the NCUA