



GEORGIA'S OWN
CREDIT UNION

DATE ____ / ____ / ____

ACCOUNT NUMBER _____

NAME _____

JOINT MEMBER _____

DAYTIME PHONE# _____

X
SIGN HERE IF CASH RECEIVED FROM DEPOSIT OR ADDRESS
CHANGE
ID INFO _____

TRANS _____



Credit Union Name (Other than GOCU)

DEPOSIT / PAYMENT SLIP

CASH		
COIN		
TOTAL CASH		
CHECK		
CHECK		
CHECK		
TOTAL CHECKS		
LESS CASH RECEIVED		
TOTAL		

ADDRESS CHANGE

(PLEASE CHECK TRANSACTION TYPE)

TYPE	TRLR	AMOUNT \$
<input type="checkbox"/> CHECKING		
<input type="checkbox"/> MONEY MKT		
<input type="checkbox"/> SAVINGS		
<input type="checkbox"/> CLUB		
<input type="checkbox"/> CD		
<input type="checkbox"/> IRA		
<input type="checkbox"/> LOAN		
<input type="checkbox"/> VISA PMT		
<input type="checkbox"/> OTHER		

Funds deposited into your account *may not be available* immediately based on your host credit union's hold policies.

DPSLP/WD/TRANS(03/09)



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Credit Union Name (Other than GOCU)

ADDRESS CHANGE PLEASE CHECK BOX AND SEE REVERSE SIDE

TRANSFER \$ AMOUNT FROM ACCOUNT # TRAILER # ACCOUNT NAME TO ACCOUNT # TRAILER # ACCOUNT NAME

WITHDRAWAL \$ SAVINGS CHECKING AMOUNT CASH CHECK ALL AVAILABLE CLOSE ACCOUNT ACCOUNT # TRAILER ACCOUNT NAME

DATE X MEMBER'S SIGNATURE REQUIRED DAY PHONE NUMBER (FOR OFFICIAL USE ONLY) ID INFORMATION TRANSFER FEE (IF APPLICABLE) (MISC) \$ ID INFO CHECK # MAIL TO: HOME WORK TRANS # DATE TELLER # NAME/SUPERVISOR APPROVAL



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