



Health Care Family *Credit Union*

2114 S. Big Bend Blvd.
Richmond Heights, MO 63117
(314) 645-5851

4599 Executive Centre Pkwy.
St. Peters, MO 63376
(636) 449-3305

Date _____

Account Number _____

Name _____

Phone # _____

AMOUNT GIVEN TO TELLER

Cash Total \$ _____

List Checks \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL \$ _____

DEPOSIT/LOAN PAYMENT

Savings _____ \$ _____

Checking _____ \$ _____

Christmas _____ \$ _____

Loan # _____ \$ _____

Loan # _____ \$ _____

Other _____ \$ _____

Cash Back _____ \$ _____

TRANSFER

From

Savings _____ \$ _____

Checking _____ \$ _____

Other _____ \$ _____

To

Savings _____ \$ _____

Checking _____ \$ _____

Loan # _____ \$ _____

Christmas _____ \$ _____

Other _____ \$ _____

WITHDRAWAL

Check Cash

Savings _____ \$ _____

Checking _____ \$ _____

Christmas _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Credit Union Use Only

ID# _____

Teller # _____

Transaction # _____

Fee Amount \$ _____

Checks Credited Subject To Collection.
Funds May Not Be Available For Immediate Withdrawal.

Signature **X** _____

(Identification required. Please sign to authorize all transactions. Receipt of cash is acknowledged by signature.)