



DEPOSIT / PAYMENT

Date _____ 20____

Deposits may not be available for immediate withdrawal.

Member Name _____

Member No. _____

| Account Number or Type | Deposit | Amount | | Amount |
|--------------------------------------|-----------------|--------|------------------------------|--------|
| | | \$ | Cash | |
| | | \$ | Checks List Separately | |
| | | \$ | | |
| | Payments | | | |
| VISA | | \$ | | |
| Loan # Type | | \$ | Sub Total | |
| Loan # Type | | \$ | Less Cash Back | \$ |
| Signature Required for Cash Received | | | Total Deposit | \$ |
| X | | | | |