



WITHDRAWAL ■ TRANSFER



Name: _____ CCCU Member? YES NO

Account Number: _____ Other CU Name: _____

WITHDRAWAL FROM			DISTRIBUTE TO			
ACCOUNT	SUFFIX	AMOUNT	ACCOUNT	SUFFIX	AMOUNT	
Savings		\$ _____	Savings		\$ _____	
Checking		\$ _____	Checking		\$ _____	
Money Market		\$ _____	Loan		\$ _____	
Loan Advance		\$ _____	Cash Withdrawal		\$ _____	
Credit Card		\$ _____	Check Withdrawal		\$ _____	
Other		\$ _____	Other		\$ _____	
TOTAL WITHDRAWAL		\$ _____	<- TOTALS MUST BE THE SAME ->		TOTAL DISTRIBUTION	\$ _____

Check Payable to: _____ CU CHECK CASHIER'S CHECK

Credit Card Number: (IF APPLICABLE) _____

X _____
Member signature required for all transactions. Date _____

CCCU USE ONLY ID VERIFICATION MANAGER APPROVAL CU SERVICE CENTER APPROVAL NAME: PHONE: TIME: AM / PM