



Transaction Request

Notice: Check holds may apply.
Deposits may not be available for immediate withdrawal
CU Service Center

Member Name:

Member Number:

Shared Branch Credit Union Name (if applicable):

Address, City, State & Zip Code

Check if this is a new address

Daytime #:

E-Mail:

Identification:

State:

Expires:

Type of Account	Account Number	Deposit/ Payment Amount(s)	Withdrawal/ Advance Amount(s)
Deposits & Loans			
Savings			
Checking			
Money Market			
Certificate of Deposit			
Holiday Savings			
PAY Savings			
Installment Loan			
Credit Card			
Line of Credit			
Other			
TOTAL:			

Transfer:

Amount:

FROM Account #:

Type:

Name:

TO Account #:

Type:

Name:

Signature and Date:

Owner's signature is required for all withdrawals and transfers

	Dollars	Cents
Currency	\$	
Checks		
<i>Indicate Check Number</i>		
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
12	\$	
Total:	\$	

For Mail Transactions:

Complete and return Transaction Request to:

MECU of Baltimore, Inc.
Attention: Operations Dept. - Mail Processing
P.O. Box 17509
Baltimore, Maryland 21297-1509

DO NOT SEND OR REQUEST
CASH THROUGH THE MAIL

TRAS120K0111