

Deposit or Payment

Date _____

Name _____

Account # _____

- | | | | |
|---|--------------------|--|--------------------|
| <input type="checkbox"/> Savings | <i>sub #</i> _____ | <input type="checkbox"/> Checking | <i>sub #</i> _____ |
| <input type="checkbox"/> Reg. _____ | | <input type="checkbox"/> Illini PLUS _____ | |
| <input type="checkbox"/> Christmas _____ | | <input type="checkbox"/> Loyalty _____ | |
| <input type="checkbox"/> Vacation _____ | | <input type="checkbox"/> iChecking _____ | |
| <input type="checkbox"/> IRA _____ | | <input type="checkbox"/> II. Draft Money Market _____ | |
| <input type="checkbox"/> Loan _____ | | <input type="checkbox"/> VISA | |
| <input type="checkbox"/> Other _____ | | | |

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|---------------|--|--|--|
| C | | | |
| H | | | |
| E | | | |
| C | | | |
| K | | | |
| S | | | |
| TOTAL DEPOSIT | | | |

Deposits may not be available for immediate withdrawal. Checks and other items received for deposit are subject to the provisions of the Uniform Commercial Code and any applicable collection agreement.

4/00

NOTE:
Do Not Send
Cash by Mail.

Please cut and send one of the above copies along with your deposit to the address below for processing. A receipt will be mailed to you after the transaction is posted. Requests for cash back will not be honored by mail.

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Mail To:
U of I Community
Credit Union
ATTN: Teller Dept.
2201 S First St.
Champaign, IL
61820