

Transaction Form

NO CASH PLEASE • ENDORSE AND ENCLOSE ALL CHECKS

Mail to SEFCU, P.O. Box 12189, Albany NY, 12212

DEPOSITS

LOAN PAYMENTS

Account # _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

The above address is new.

IMPORTANT: Your deposit is subject to verification.

Mint Share account \$ _____

Preferred Savings account \$ _____

Preferred Plus \$ _____

Checking account \$ _____

Holiday Club account \$ _____

Owner's Choice \$ _____

Other _____ \$ _____

Make checks payable to: **SEFCU**

Mortgage loan

_____ \$ _____

Home equity loan

_____ \$ _____

Auto loan

_____ \$ _____

Personal loan

_____ \$ _____

Other (specify)

_____ \$ _____

Withdrawal requested \$ _____ Suffix _____

Transfer request from _____ to _____ Amount \$ _____

Signature required _____

Visa® Capital Gold