ELEVATIONS CREDIT UNION
P.O. Box 9004
Boulder, CO 80301-9004
Member Services
(303) 443-4672

Password/ID Required for all Transactions.
Password_____

TRANSACTION SLIP

PIP-4008-04/06

NAME	ACCOUNT #	DATE	SIGNATURE
			X_____

DEPOSITS OR PAYMENTS		CASH WITHDRAWALS-CHECKS CASHED-CASH ADVANCES		TRANSFERS/TRAVELERS CHECKS	
Currency	$_____	Share (Savings)	$_____	**FROM ACCOUNT #:**	_____
Check Total	$_____	Share Draft (Checking)	$_____	Share (Savings)	$_____
Cash Back	$_____	Convenient Cash Overdraft (Line of Credit)	$_____	Share Draft (Checking)	$_____
TOTAL DEPOSIT	$_____			Line of Credit	$_____
TO:		Checks Cashed	$_____	Other_____	$_____
Share (Savings)	$_____		$_____	**TO ACCOUNT #:**	_____
Share Draft (Checking)	$_____		$_____	Share (Savings)	$_____
Loan Payment #_____	$_____	TOTALS	$_____	Share Draft (Checking)	$_____
Loan Payment #_____	$_____			Loan Payment #_____	$_____
VISA Payment	$_____			Traveler's Checks	$_____
Other_____	$_____			VISA Payment	$_____
				Other_____	$_____

$ AMOUNT																													
																													$
CHECK #																													TOTAL