



MAIL TO:
 PAYMENTS / DEPOSITS
 COASTAL FEDERAL CREDIT UNION
 PO BOX 10009
 IRMO SC 29063-5009

Account Name (Print)				Account Number					
<input type="checkbox"/> Send More Payment/Deposit Envelopes <input type="checkbox"/> Return Receipt Requested				Product: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market					
Check Withdrawals		Sub	Checks		Checks		Deposit		
Amount	<input type="checkbox"/> Savings	_____	Check #	Check Amount	Check #	Check Amount	Product	ID	Amount
	<input type="checkbox"/> Checking	_____							
\$_____	<input type="checkbox"/> Loan	_____							
For a loan transaction my signature below acknowledges receipt of a cash advance resulting from this transaction and agreements set forth on the Loan and Security Agreement on file in the Credit Union, a copy of which I previously received. For a share transaction, my signature acknowledges a cash withdrawal paid to myself and charged to the indicated account.							Loan Payment(s)		
							Product Type	ID	Amount
Signature		_____	Check Total Amount						