

VANDERBILT CREDIT UNION Transaction Request Form For Shared Branching

Credit Union Name:		
Member Name:		
Address:		
Member Account #: Me	mber Date of Bi	rth:
Last Four Digits of SS#: XXX-XX		
Member Driver's License #:	State Issued	Exp Date
Member Contact Information: (Day)(Evening)		g)
Non-Member Name – if other than member:		
Non-Member Driver's License #:	State Issued	Exp Date
Member Account Description: 1. (Please Circle) >Share (Savings) > Share Draft (Checking) > Christmas >Special Share > Loan > CD > IRA > Money Mar Transaction Description: 2. (Please Circle) >Deposit > Withdrawal > Loan Payment > Transfe >Loan Advance > Gift Card > Travel Money Card > Amount: \$	ket r >Statement	
Member Signature	Date	
Office Use		
☐ Verified that ID is valid and unexpired		
☐ Member has cited the address of record on their accou	nt and it is corre	ect
Authorization from Member Credit Union – record full nar	me and title of w	ho was contacted and details