

USALLIANCE Mail-In Transaction Request Form

MEMBER NAME(S):	PHONE #:
ACCOUNT NUMBER #:	DATE:

Deposit (Do not send cash by mail)

(Check one) ☐ **MyLife Checking** ☐ **MyLife Savings** ☐ **MyLife Money Market** ☐ **Other** (Account Name) _____

☐ **Certificate** Term (i.e. 3 Month Fixed) _____ ☐ **Club** Month (Jan-Dec) _____

☐ **Amount:** \$ _____ (Itemize Below) ☐ **IRA:** \$ _____ Tax Year: _____

Notice: Deposits may not be available for immediate withdrawal. Please refer to the Credit Union's rules governing funds availability for details. Deposits are subject to the terms and conditions in the standard disclosure brochures, including current availability. Deposits and payments are subject to verification and the Credit Union's count will be final.

Loan Payments (Do not send cash by mail)

\$ _____ (Itemize Below) \$ _____ (Itemize Below)

Type of Loan: _____ Type of Loan: _____

Loan Account #: _____ Loan Account #: _____

Please make all checks payable to USALLIANCE Financial OR endorse exactly as drawn and include your Account Number.

Please mail your deposit and/or loan payment to: USAlliance Financial • 411 Theodore Fremd Avenue, Suite 350, Rye, NY 10580-1410 • Attention: Member Services

New Address? ☐ *Please check and record your new information below.*

Itemize Deposits and Payments

	DEPOSIT/PAYMENT	
CHECKS		
TOTAL \$		

New Address Notification

Name _____

Credit Union Member # _____

Home Phone _____

Work Phone/Ext _____

New Address:

Street _____

City _____ Zip _____

Signature _____

Please list all account numbers that are affected by this change.
