



WITHDRAWAL VOUCHER

Name: _____

Date: ____/____/____

Account Number: _____

Signature: _____

- Checking Account: \$ _____.
- Savings Account: \$ _____.
- Club Account: \$ _____.
- Loan - _____: \$ _____.
- Loan - _____: \$ _____.
- _____: \$ _____.

Total Withdrawal: \$ _____.

VISION FINANCIAL FCU

919-477-0696

www.vffcu.org



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