

MEMBER TO MEMBER

FROM	
Member Name: _____	Member Account #: _____
From Sub Account: _____	
TO	
Member Name: _____	Member Account #: _____
Shares: _____	Amount \$ _____
Share Draft: _____	Amount \$ _____
Loan #: _____	Amount \$ _____
Other: _____	Amount \$ _____
This transaction should occur:	
Weekly: _____ Monthly: _____	Beginning On: _____

SAME ACCOUNT TRANSFER

FROM	
Member Name: _____	Member Account #: _____
From Sub Account: _____	
TO	
Member Name: _____	Member Account #: _____
Shares: _____	Amount \$ _____
Share Draft: _____	Amount \$ _____
Loan #: _____	Amount \$ _____
Other: _____	Amount \$ _____
This transaction should occur:	
Weekly: _____ Monthly: _____	Beginning On: _____

By signing, I agree to allow all of the above account transfer(s) to be made to my account.

Print Name: _____

Signature: _____ Date: _____

* Please allow 30 days for processing this transfer request.

** When cancelation occurs all parties involved will be notified by mail.

FOR CREDIT UNION USE ONLY

Processed by: _____ Date: _____

Federally Insured by NCUA.