



## AUTHORIZATION FOR TRANSFERS BETWEEN TWO ACCOUNTS

Account Number/Suffix You Wish to Transfer From: \_\_\_\_\_

Account Number/Suffix You Wish to Transfer To: \_\_\_\_\_

Transfer will be allowed for:

Overdraft Protection  
Priority

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Automated Teller Service / CU Online

Transfers Made at Scheduled Intervals\*

\*Effective Date: \_\_\_\_\_ \*Amount: \_\_\_\_\_

\*Frequency: \_\_\_\_\_

By my signature on this document, I allow this transfer to occur on my account as indicated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
For Financial Institution Use Only:

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
CU Representative