



Transfer Authorization Form

I authorize Winthrop Area Federal Credit Union to transfer \$ _____

From:

Account Number _____

Name on the Account _____

To:

Account Number _____

Name on the Account _____

Frequency:

One time

Weekly

Monthly

Start Date: _____

End Date: _____ (If applicable)

Members Signature: _____

Date: _____

Credit Union Office Use Only:

FM: _____

Date: _____