



# 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     Bi-Weekly     Monthly

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_ (If applicable)

Members Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit Union Office Use Only:**

FM: \_\_\_\_\_

Review: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_