Member to Member Transfer

Form Instructions

1 – Complete all applicable fields
2 – Print completed form
3 – Sign and date the **Signature** section
4 – Fax to 404-677-4832 or
Mail to:
Delta Community Credit Union
P.O. Box 20541 **or** Dept. 930/ATG
Atlanta, GA 30320-2541
Attention: eBusiness

Member Information (Account 1)

_____ _____ _____
Member Name | Delta Community CU Account Number | Social Security Number

Transfer Options (Account 2)

Please supply information for the account you are requesting transfer access to. You can list up to four (4) accounts:

_____ _____
Account Name | Account Number

☐ **I request to transfer only to this specific share or loan ID** _____
(if unchecked, all share and loan Ids under the account number listed will be included)

_____ _____
Account Name | Account Number

☐ **I request to transfer only to this specific share or loan ID** _____
(if unchecked, all share and loan Ids under the account number listed will be included)

_____ _____
Account Name | Account Number

☐ **I request to transfer only to this specific share or loan ID** _____
(if unchecked, all share and loan Ids under the account number listed will be included)

_____ _____
Account Name | Account Number

☐ **I request to transfer only to this specific share or loan ID** _____
(if unchecked, all share and loan Ids under the account number listed will be included)

Signature

By signing below, I am requesting access to transfer funds via Online Banking and Audioline from my account (Account 1) to the account(s) listed above (Account 2). I have already completed a Delta Community Audioline Application form to select my PIN to set up access to Online Banking and Audioline.

If I authorize a transfer into an account on which I am not joint, the Credit Union can not be responsible for this transaction should a conflict occur.

_____ _____
Member Signature (Account 1) | Today's Date

EQUAL HOUSING LENDER
NCUA This credit union is federally insured by the National Credit Union Administration.