

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 _____