



CU@Home (On-line Banking) Authorization for Cross-Account Transfers

Originating Account Information:

Name: _____
(Please Print) Last Name First Name

Account Number: _____

Email Address: _____
(Once this transfer is setup, we will email a confirmation)

This form gives the above account holder authorization to transfer funds **into** the following destination account. ****This is a one-way transfer**** (i.e., this form does **not** authorize the withdrawal of funds from the destination account).

Originating Account Signature

Date

Destination Account Information:

I authorize the above account holder to be able to transfer funds into my account via On-line Banking. I understand that this is a one-way transfer, and that this does not authorize the withdrawal of funds from my account.

Name: _____
(Please Print) Last Name First Name

Account Number: _____

Destination Account Signature

Date

Completed forms can be dropped off at any of our four branches, mailed, faxed.

<u>Mail to:</u>	<u>Fax to:</u>	<u>Email to:</u>
PSCCU	425-462.3647 Bellevue	askus@psccu.org
PO BOX 97034	253-476-6434 Tacoma	
Bellevue, WA 98009	425-656-4073 Valley	
	206-408-7094 Vashon	

For Credit Union use only:	
Date received: _____	by: _____
Date Verified: _____	by: _____
Date Processed: _____	by: _____