



On-line Banking Authorization for Cross-Account Transfers

Originating Account Information:

Name: _____
 (Please Print) Last Name First Name

Account Number: _____

Email Address: _____
 (Once the 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> PSCCU 11201 SE 8th Street Ste. 208 Bellevue, WA 98004	<u>Fax to:</u> 425-283-5152 Bellevue 253-267-0182 Tacoma 425-656-4073 Renton 206-408-7094 Vashon
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Credit Union use only:

Date Received: _____ by: _____

Date Verified: _____ by: _____

Date Processed: _____ by: _____