



## 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.

Mail to:  
 PSCCU  
 600 108<sup>th</sup> Ave NE, Suite 1035  
 Bellevue, WA 98004

Fax to:  
 425-283-5152 Bellevue  
 253-476-6434 Tacoma  
 425-656-4073 Renton  
 206-408-7094 Vashon

Credit Union use only:

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Date Verified: \_\_\_\_\_ by: \_\_\_\_\_

Date Processed: \_\_\_\_\_ by: \_\_\_\_\_