

## Member-to-Member Transfer Form

**Member Number:** \_\_\_\_\_

**Primary Member Name:** \_\_\_\_\_  
(First Name Listed on Account)

I hereby request access to transfer funds from my membership TO the membership accounts listed below using AUDRE or Online Banking. I am the Primary Member on the membership listed above and request to transfer funds to another member.

I understand that my AUDRE PIN and Online Banking password must remain confidential. If my PIN or password is compromised in any way, I will contact the credit union immediately by calling 410.584.7228.

This request for transfer capability will remain in effect until revoked in writing by any named parties on this form. Point Breeze Credit Union must receive the request to revoke transfer rights with time to give the credit union reasonable opportunity to act. A request to revoke transfer rights will be effective no later than close of business on the first business day following receipt of your request.

**I request to transfer funds to the following accounts:**

**ACCOUNT TYPE (CHECK ALL THAT APPLY)**

Membership #: _____	Loan # _____	Savings # _____	Checking # _____	Holiday
Membership #: _____	Loan # _____	Savings # _____	Checking # _____	Holiday
Membership #: _____	Loan # _____	Savings # _____	Checking # _____	Holiday
<b>Signature:</b> _____ <b>Date:</b> _____				

**FOR INTERNAL USE ONLY**

**Date Received:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Ownership Confirmed By:** \_\_\_\_\_