

SENTINEL FEDERAL CREDIT UNION CROSS-MEMBER TRANSFER REQUEST FORM

Please fill out this request form if you want to be able to transfer funds between your accounts using Online Banking and/or Phone Banking.

You may return the form by mail, fax or stop by any branch.

YOUR INFORMATION

Member Number _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Work Phone _____

Email _____

Transfer to:

Member No. _____

Member No. _____

Member No. _____

AUTHORIZATION

If indicated above I hereby authorize Sentinel Federal Credit Union to allow transfers from my member number to the member numbers indicated. I understand that once a transfer has been made it is irrevocable. This request is to remain in effect until changed by me in writing.

Authorized Signature _____

Date _____

CREDIT UNION USE: Archived

Authorization Taken By: _____ Date: _____

Authorization Processed By: _____ Date: _____