



(312) 726-8814 ♦ www.cpdfcu.com ♦ (312) 499-8866 (Fax)

TRANSFER AUTHORIZATION

Monthly or Twice A Month Transfer From One Account To Another

Name: _____

Date: _____

Transfer from Member Account Number: _____

Savings

Amount: _____

Checking

Effective Date: _____

Transfer to account: _____

Savings

Checking

Christmas Saver

Loan _____ (Loan number)

Transfer on:

1st of each month

16th of each month

1st and 16th of each month

Member's Signature: _____

For Credit Union Use:

Teller#/initials: _____

Date: _____