PREMIER
COMMUNITY CREDIT UNION

Member Transfer Request Form

Member's Name:	Date:

	Account Number & Suffix From:	Amount $	Account Number & Suffix To:	Frequency	Start Date	Due Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						

☐ ! ŎŎ2dzyŭ ¢NJl·yãŦŜNJ

☐ [2l·y ¢NJl·yãŦŜNJ

☐ ! ŘŘ ¢NJl·yãŦŜNJ

☐ / l·yŎŜf ¢NJl·yãŦŜNJ

Member's Signature:	Date:

CREDIT UNION USE ONLY		
Teller Name:	Teller Number:	Date:
±ŜNJŦŜŘ .èY	Teller Number:	Date:

*Upload completed form to member's account.