

MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP
FROM SAN DIEGO COUNTY CREDIT UNION ACCOUNT NUMBER		

TRANSFER TO ACCOUNT(S)

1	ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Primary Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Special Savings <input type="checkbox"/> Loan: _____
	NAME(S) ON ACCOUNT	
2	ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Primary Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Special Savings <input type="checkbox"/> Loan: _____
	NAME(S) ON ACCOUNT	
3	ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Primary Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Special Savings <input type="checkbox"/> Loan: _____
	NAME(S) ON ACCOUNT	

SIGNATURE AUTHORIZATION

I/We authorize San Diego County Credit Union (SDCCU®) to make transfers to the above identified accounts through the Electronic Banking Services Transfer Agreement offered by SDCCU to the extent that funds are available in these accounts. **All parties listed on the "FROM" account must authorize future transfers by signing below for this Agreement to be effective.**

SDCCU will not be responsible for any overdraft that may result from a transfer combined with the effects of any outstanding debits not posted to the account at the time the transfer is made.

This authorization shall remain in effect until SDCCU receives a written change or cancellation.

SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____

CREDIT UNION USE ONLY	RECEIVED BY: _____	USER ID: _____	DATE: _____
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CANCELLATION OF AGREEMENT

I authorize the cancellation of the following transfer(s): Transfer 1 Transfer 2 Transfer 3 All transfers

SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
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CREDIT UNION USE ONLY	RECEIVED BY: _____	USER ID: _____	DATE: _____
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Federally insured by NCUA.