

Clear Form

TRANSFER AUTHORIZATION

Completed

Transfer Type: Share
 IRA
 Loan

Frequency: Bi-Weekly
 Weekly

Semi-Monthly
 Monthly

Action: New
 Change
 Cancel

Current Amount:

Effective Date:

New Amount: 12.00

Authority #:

From Member #:

Acct Type:

1st 3 Letters of Last Name:

To Member #: 7816401S1

Acct Type:

1st 3 Letters of Last Name:

ZIE

The above authorization has been completed. Please verify if correct. If not, please let the Credit Union know in writing within 60 days.

Member Signature:

Remit to:

IBM SOUTHEAST EMPLOYEES' FEDERAL CREDIT UNION
P.O. Box 5090 Boca Raton, Florida 33431-0890

For Office Use Only:

Date:

Employee initials