

PC-TRANS Cross Account Transfer Service Request Form

KALSEE Credit Union

Mailing Address: P.O. Box 3006, Kalamazoo, MI 49003-3006

FAX: (269) 382-7890

See website for office locations: www.kalsee.com

To protect your privacy, we do not accept this information via e-mail or the Internet.

This form must be filled out, signed and dated before it can be processed.

Please mail, fax or deliver completed form to any KALSEE Credit Union office. (Contact info above.)

Name (Please Print) _____ Date _____
Social Security # _____

Listed below are the accounts I would like to transfer funds between:

From Account # _____ To Account # _____
<input type="checkbox"/> I am an authorized account holder for both of these accounts
<input type="checkbox"/> I am not an authorized account holder for account # _____ *
* If you are not an authorized account holder, then the authorized account holder must sign below:
Authorized Account Holder Signature _____

From Account # _____ To Account # _____
<input type="checkbox"/> I am an authorized account holder for both of these accounts
<input type="checkbox"/> I am not an authorized account holder for account # _____ *
* If you are not an authorized account holder, then the authorized account holder must sign below:
Authorized Account Holder Signature _____

From Account # _____ To Account # _____
<input type="checkbox"/> I am an authorized account holder for both of these accounts
<input type="checkbox"/> I am not an authorized account holder for account # _____ *
* If you are not an authorized account holder, then the authorized account holder must sign below:
Authorized Account Holder Signature _____

From Account # _____ To Account # _____
<input type="checkbox"/> I am an authorized account holder for both of these accounts
<input type="checkbox"/> I am not an authorized account holder for account # _____ *
* If you are not an authorized account holder, then the authorized account holder must sign below:
Authorized Account Holder Signature _____

Authorization: I am an authorized account holder on all accounts listed above except where indicated. By signing this form, all parties agree to PC-TRANS cross-account transfer service between the accounts.

Signature _____