CROSS MEMBER TRANSFER REQUEST

PAM - Audio Response
HFS – Online Banking

THIS FORM WILL ALLOW YOU TO DO TRANSFERS FROM ONE ACCOUNT # TO ANOTHER USING PAM OR ONLINE BANKING

To be completed by member:

Please allow **transfers <u>FROM</u>** my accounts Under my member number(s):
(Transfers can not be completed on IRA or share certificate accounts)

⇨

Please allow **transfers <u>INTO:</u>**

Member Name	Member #	⇨	Member Name	Member #
			Member Name	Member #
			Member Name	Member #
			Member Name	Member #
Member Name	Member #	⇨	Member Name	Member #
			Member Name	Member #
			Member Name	Member #
Member Name	Member #	⇨	Member Name	Member #
			Member Name	Member #
			Member Name	Member #

By signing below, I request Premier Credit Union to allow PAM (audio response) telephone transfers and HFS - Online Banking transfers from account type(s) listed under my member number into the accounts printed above.

I understand that my personal access code and Online PIN # is required to complete a cross member transfer when utilizing these services. I agree to keep my access code and PIN # private and secure. I will not disclose these confidential numbers to any other party. I understand and agree that a joint owner listed on any accounts under my member number listed above may also request that cross member transfers be allowed. I understand that transfers cannot be completed on IRA or share certificate accounts.

Printed Name	X Member Signature	Date

FOR INTERNAL USE ONLY

Verified By: _____ Date: _____

Accts: 01 02 03 10 11 12 13 14 15 16 20 21 22

Loans: 1 2 3 4 5 6 7 8 9 10

Other: _____ _____ _____

PAM entered by: _____ Date:_____ HFS entered by:_____ Date:_____