ACCOUNT TO ACCOUNT TRANSFER AUTHORIZATION

Complete this form to authorize transfer of funds from one PSECU account to another using online banking and/or the mobile app. Note: A separate form must be completed for each account you want to transfer funds from.

FROM:
MEMBER ACCOUNT NUMBER: ________________________________
ACCOUNT OWNER NAME: _____________________________________
I understand that I am responsible for all transactions under these terms and that any joint owners on my account may also transfer funds.

SIGNATURE ___________________________ DATE _________________

TO:
MEMBER ACCOUNT NUMBER: ________________________________
ACCOUNT OWNER NAME: _____________________________________
2ND OWNER NAME: ____________________________________________ (Optional)
I understand that the member I am authorizing to make deposits to my account will be able to view, in online banking, the type of shares and loans (not balances, passwords, etc.) that I have established with PSECU.

SIGNATURE ___________________________ DATE _________________

RETURN THIS AUTHORIZATION TO:
PSECU, Attn: EFT Services
PO Box 67013
Harrisburg, PA 17106-7013
or FAX 717.720.1197

INSURED BY NCUA. EQUAL OPPORTUNITY LENDER.
©PSECU Form #2179 REV 8/18