

Member to Member Account Transfers



APPLICANT

Member Name _____
Member# _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

RECIPIENT

Account# _____
Account Owner's Name _____
Account# _____
Account Owner's Name _____

MEMBER TO MEMBER TRANSFERS

Online By Phone Remove

I understand that by completing the sections above, I will only be able to make transfers into the account(s) listed above. The account owner(s) are aware that I am requesting transfer capability, and have provided me with their account number(s) to enable me to process transfers into their account(s).

Applicant Signature _____ Date _____

Return completed form to:

VSECU
PO BOX 67
Montpelier, VT 05601-0067

eff: 07/16

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Member# _____
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