Member to Member Account Transfers



Address Account#	APPLICANT			RECIPIENT
Address	Member Name			Account#
City	Member#			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 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 VSECU PO BOX 67 Montpelier, VT 05601-0067 eff: 07/16 Member to Member Account Transfers VSEC Member Name Account# Account# Account# Account# Account# Account# Account# Account# Account Owner's Name Address Account Owner's Name 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	Address			Account#
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Page	MEMBER TO MEMBI	ER TRANSFERS	Online	☐ By Phone ☐ Remove
Member to Member Account Transfers Member to Member Account Transfers APPLICANT Member Name Account# Account# Account# Account# City State Zip Account Owner's Name Home Phone Work Phone MEMBER TO MEMBER TRANSFERS Online By Phone By Phone Remove Audierstand 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				
Member to Member Account Transfers Member to Member Account Transfers APPLICANT Member Name Account# Account# Account# Account# City State Zip Account Owner's Name Home Phone Work Phone 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	Applicant Signature		Date	
Member to Member Account Transfers APPLICANT Member Name Account# Account Owner's Name Account# City State Zip Account Owner's Name Account Owner's Name Member	VSECU PO BOX 67			
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Address Account#				
State Zip Account Owner's Name Home Phone Work Phone 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	Member#			Account Owner's Name
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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	City	State	Zip	Account Owner's Name
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	MEMBER TO MEMBE	R TRANSFERS	Online	☐ By Phone ☐ Remove
Applicant Signature Date	Applicant Signature		Date	

Return completed form to: VSECU PO BOX 67 Montpelier, VT 05601-0067

eff: 07/16