



Application for SRCU Account Transfer

Member's Name _____

Account Number _____

School _____

Middle and High Schools only:

Online Banking Transfer Access

I request Online Banking transfer access from my account _____
to the SRCU account _____.

This does not allow transfers or full access from the SRCU account to my personal account with the credit union through Online Banking.

Member Signature _____

Joint Member Signature _____

Date _____

Teller ID _____ Date _____

**** Send to Records Management for imaging****