



230 W. Monroe Street, Suite 2850 Chicago, IL 60606-4902
888.328.8677 Fax 312.332.3177 www.fncu.org

Transfer Authorization For Internal Accounts

Please provide all the information below:

Date: _____ Account Number: _____

Name: _____

Daytime Phone: _____

Share Type From: _____

(Savings, Checking, etc)

Share/Loan Type To: _____

(Savings, Checking, LoanNumber, etc)

Amount: _____

Day of Monthly Transfer (1-31): _____ Start Date: _____

Signature: _____

If you wish to cancel the transfer authorization, please provide written notification.