

## MEMBER TO MEMBER TRANSFER REQUEST

MEMBER INFORMATION			
Transfer Amount			Member Account #
Name			Daytime Phone #
Address			City, State, Zip
Special Instructions			
RECEIVING FINANCIAL INSTITUTION			
Name			
Routing Number			
FOR FURTHER CREDIT TO (if going through third party)			
Name			
City and State			
Routing Number			
FOR FINAL CREDIT TO			
Name of Recipient			
City, State, Zip			
Account Number			
Special Identifier			
By signing below, you authorize Community South Credit Union to transfer funds as directed above and debit your account in the amount transferred plus a wire fee of \$5.00.			
Signature			Date
FOR INTERNAL USE ONLY			
Wire Information Taken By:		Date and time:	<u> </u>
		_	
Wire Completed By:	Date and time:	Verification Number:	Amount Debited: Fee Taken:
		_	
Wire Verified By:	Date and time:	OFAC checked	Wire Status Verified and Detail Attached:
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Wire Logged:			