



**TRANSFER FORM**

- IN-HOUSE
- ACH SOURCE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

- NEW
- CHANGE

THIS IS AUTHORIZATION FOR COMMUNITY SOUTH CREDIT UNION TO TRANSFER \$ \_\_\_\_\_  
 FROM MY  CHECKING  SAVINGS/DIRECT DEPOSIT ACCOUNT NUMBER \_\_\_\_\_  
 TO BEGIN THE MONTH OF \_\_\_\_\_ .

TO ACN _____	SUFFIX _____	AMOUNT _____	DUE DATE _____	FREQ _____
TO ACN _____	SUFFIX _____	AMOUNT _____	DUE DATE _____	FREQ _____
TO ACN _____	SUFFIX _____	AMOUNT _____	DUE DATE _____	FREQ _____
TO ACN _____	SUFFIX _____	AMOUNT _____	DUE DATE _____	FREQ _____
TO ACN _____	SUFFIX _____	AMOUNT _____	DUE DATE _____	FREQ _____

MEMBER SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

EMPLOYEE MAKING THIS CHANGE \_\_\_\_\_

CANCEL THE ABOVE TRANSFER

SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_