



# Account Transfer Form

From Account# \_\_\_\_\_

\* Member signing form MUST be on this account

Amount of Transfer Requested: \$ \_\_\_\_\_

Frequency of the Transfer: (Circle One)

Weekly            Bi-Weekly (26 w/d per year)

Monthly            Semi-Monthly (24 w/d per year)

Quarterly            Last Day of Every Month

To Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

To Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

To Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

To Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teller Name & #: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Must be signed in presence of CAPE CU Employee only if the transfer involves two separate member accounts \*\*