



Account to Account Transfer Online Request Form

Member Name: _____

Member Account Number: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Member Name: _____

Member Account Number: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

I hereby that I am an authorized account holder of the account listed above. I authorize DC Credit Union to initiate the request of this form.

Primary Member Signature

Date

For Office Use Only:

Member Representative Initials: _____ **Date:** _____

PLEASE FAX TO 202-673-3508 OR EMAIL TO INFO@DCCREDITUNION.COOP