ACCOUNT-TO-ACCOUNT TRANSFER AUTHORIZATION

Complete this form to authorize transfer of funds from one PSECU account to another using online banking and/or the mobile app. Note: A separate form must be completed for each account you want to transfer funds from.

FROM:	то:
MEMBER ACCOUNT NUMBER:	MEMBER ACCOUNT NUMBER:
ACCOUNT OWNER NAME:	ACCOUNT OWNER NAME:
I understand that I am responsible for all transactions under these terms and that any joint owners on my account may also transfer funds.	JOINT OWNER NAME: (Optional)
SIGNATURE DATE	I understand that the member I am authorizing to make deposits to my account will be able to view, in digital banking, the type of shares and loans (not balances, passwords, etc.) that I have established with PSECU.
	SIGNATURE DATE
RETURN THIS AUTHORIZATION TO: PSECU, Attn: EFT Services PO Box 67013 Harrisburg, PA 17106-7013	

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PSECU^{**}

PO Box 67013

Harrisburg, PA 17106-7013

or FAX 717.720.1197

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PSECU

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