CENSUS FEDERAL CREDIT UNION
4600 Silver Hill Road
Room 1K250
Washington, D.C. 20233
Fax: (301) 735-8367
(301) 763-0287 • (800) 343-6788

TELEPHONE WITHDRAWAL/TRANSFER DISTRIBUTION AUTHORIZATION

ACCOUNT #_____

TELLER #_____

PLEASE PRINT

Name_____ Social Security Number_____ Birthdate_____

Address_____ City_____ State_____ Zip_____

Home Telephone ( )_____ Work Telephone ( )_____

Employer_____

WITHDRAWAL

Effective _____

Account #_____

Account #	(S/L) Suffix	Amount	Account #	(S/L) Suffix	Amount
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$

Total Amount of Distributions $_____

TRANSFER

Transfer from ☐Checking ☐Savings

Description ☐One-Time Transfer ☐Automatic Transfer ☐Start ☐Change ☐Cancel

Account #_____

Frequency of Transfer ☐Weekly ☐Bi-Weekly ☐Semi-Monthly ☐Monthly

Amount of Transfer $_____

Start Date for Transfer_____

Distribution of Funds thru Transfer

Distribute To: Account #_____

Account #	(S/L) Suffix	Amount	Account #	(S/L) Suffix	Amount
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$

Total Amount of Distributions $_____

SIGNATURES

By signing below, You hereby authorize the Credit Union to withdraw and/or transfer the amount(s) specified in this Telephone Withdrawal/Transfer Distribution Authorization ("Authorization") and to remit such amount(s). You further understand and agree to the following: (a) this Authorization may involve electronic funds transfers and/or advances on Feature Categories contained in Our Credit Line Account program and, to that extent, You acknowledge receiving a copy of Our Electronic Funds Transfer Agreement and/or the Credit Line Account Agreement and Disclosure (as applicable) and You agree to and accept the terms found therein; (b) You acknowledge receiving a Fee Schedule and the Census Federal Credit Union Membership and Account Agreement provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (c) if this Authorization involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so. You authorize Us to accept Your facsimile signatures on this Authorization and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

_____

Signature Date

CREDIT UNION USE ONLY

Notes

_____

_____

_____

_____

☐ No Amount Change

Bill Date_____

Bill Amount $_____

Previous Amount $_____

Source Code

Copyright Oak Tree Business Systems, Inc., 2004-2008. All Rights Reserved.