

Electronic/Telephone Transfer Request

You, _____ (PRINT NAME) request the ability to transfer **funds from your LAFCU Account # _____ to LAFCU Account # _____** via telephone transfer and/or automated electronic services such as TouchTel-24 Telephone Account Access Service or online banking. You understand this may allow current and future funds to be transferred by telephone or electronically out of your account. You acknowledge that you will read and abide by the terms of the LAFCU "Electronic Services Disclosure Agreement." This request will remain in effect until you revoke it in writing.

Your Signature (must be **on** the "from" Account) Date

You authorize telephone/electronic service transfers TO your Account

Your Signature (must be **on** the "to" Account) Date

CREDIT UNION USE ONLY:

Teller Number: _____ Teller Initials: _____ Date: _____



P.O. Box 53032 • Los Angeles, CA 90053-0032
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Web: www.LAFCU.org
e-Mail: memberservices@LAFCU.org

