

Parsons Federal Credit Union



PARS 24-Hour Telephone Banking Transfer Authorization

Use this form to authorize PARS 24-Hour Telephone Banking transfers of funds from your PFCU Account to another PFCU Account that you are not an owner of. Send us this completed authorization, containing your confidential information and signature, by mail to PFCU, P.O. Box 90667, Pasadena, CA 91109, or via fax at 626-440-9405.

Initiating Transfer Information

Account/Member #	Name	Date

I request authorization to make PARS 24-Hour Telephone Banking transfers to the following Parsons Federal Credit Union Account:

Receiving Account Information

Account/Member #	Name	Date

One Time PARS 24-Hour Telephone Banking transfers to take place on (date)

Recurring PARS 24-Hour Telephone Banking transfers

By signing below, I agree to the terms and condition of the Account Agreement, Electronic Services Disclosure and Agreement, Truth in Savings Disclosure & Agreement, Privacy Policy and Fee Schedule which will govern the accounts listed above. I agree that termination of this Account Transfer Authorization must be submitted in writing and signed by all account holders party to this Account Transfer Authorization

Initiating Account Holder

Signature: X _____ Date: _____

Receiving Account Holder:

Signature: X _____ Date: _____

Federally insured by NCUA