

PO Box 100167, Columbia, SC 29202 office: 803-978-2101 fax: 803-704-1008 email: curis-info@curisfinancial.org www.curisfinancial.org

MEMBER TO MEMBER TRANSFER FORM

For Online Banking Transfers

I would like to be able to transfer funds **FROM** this account:

Member Name:		
Member #:		
Primary Phone #:		
Email Address:		

I would like to be able to transfer funds from the accounts under my member number referenced above to the following accounts under the member number listed below.

I acknowledge that I will only be able to transfer funds TO these accounts, NOT FROM these accounts.

I would like to be able to transfer funds **TO** the following account:

Member Name:		
Member #:		
Primary Phone #:		
Signature:		Date:
Verified By:	Employee Signature	Date: