

ACCOUNT TO ACCOUNT TRANSFER



Please allow 5 business days for completion. **Do not use for loan payments or modifications.**

Indicate reason for request:

- ☐ Begin new transfer (complete sections 1, 2, 4, and 6)
☐ Change existing transfer (complete sections 1, 3, 4, and 6)
☐ Cancel existing transfer (complete sections 1, 5, and 6)

- ☐ IRA account contributions

Note: This is not the form used to set up automatic IRA withdrawals or loan payments.

1. Withdrawing Member Current Information

NAME OF WITHDRAWING ACCOUNT HOLDER	BECU USE ONLY
	Person #
CONTACT PHONE NUMBER	

2. Begin New Transfer

NAME OF RECEIVING ACCOUNT HOLDER	AMOUNT \$
TRANSFER START DATE	TRANSFER END DATE (if applicable)
WITHDRAW FROM ACCOUNT NUMBER	DEPOSIT TO ACCOUNT NUMBER (not used for loan accounts)

3. Change Existing Transfer

NAME OF RECEIVING ACCOUNT HOLDER	CURRENT WITHDRAW FROM ACCOUNT NUMBER
EXISTING TRANSFER AMOUNT \$	NEW TRANSFER AMOUNT (if applicable) \$
CHANGE START DATE	CHANGE END DATE (if applicable)
NEW WITHDRAW FROM ACCOUNT NUMBER	NEW DEPOSIT TO ACCOUNT NUMBER (if applicable)

4. Transfer Frequency

Select frequency of new transfer (choose one):

- ☐ Daily
☐ Weekly (Indicate day) ☐ M ☐ T ☐ W ☐ TH ☐ F
☐ Bi-weekly (Indicate day) ☐ M ☐ T ☐ W ☐ TH ☐ F
☐ Semi-monthly (Indicate date 1st - 31st) _____
☐ Monthly (Indicate date 1st - 31st) _____
- ☐ Every four weeks (Indicate day) ☐ M ☐ T ☐ W ☐ TH ☐ F
☐ Quarterly (Indicate month and date) _____
☐ Semi-annually (Indicate month and date) _____
☐ Annually (Indicate month and date) _____

5. Cancel Existing Transfer

NAME OF RECEIVING ACCOUNT HOLDER	TRANSFER CANCEL DATE	AMOUNT \$
WITHDRAW FROM ACCOUNT NUMBER	DEPOSIT TO ACCOUNT NUMBER	

6. Authorization and Signature

I hereby authorize and request Boeing Employees' Credit Union (BECU) to transfer, change and/or cancel to the account indicated above. I understand that my full BECU account number will appear on the receiving account's statement. I understand that completed transfers to a third party account are final. I understand that this transfer will continue until cancelled in writing or until the transfer and/or change end date.

SIGNATURE OF WITHDRAWING ACCOUNT HOLDER (required)	DATE
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If form is not submitted electronically, please return completed and signed form to:
BECU, M/S 1094-2 PO Box 97050 Seattle, WA 98124-9750 or fax to 206-805-5612