



Transfer Authorization Form

I/we authorize Cabrillo Credit Union (the “Credit Union”) to initiate a one-time debit entry to my/our account at the depository identified below for the purpose of accomplishing the following payments to _____:

Member Name: Click or tap here to enter text.
Account Number: Click or tap here to enter text. ID: Click or tap here to enter text.
Amount: Click or tap here to enter text.
Recipient Account: Click or tap here to enter text.
Account Number: Click or tap here to enter text. ID: Click or tap here to enter text.

I/we warrant that I am/we are the owner(s) of this account or that I/we have sufficient authority to withdraw funds from this account. The Credit Union shall not be obligated to advance funds to cover the payment.

Member Name (Print)

Date

X _____
(Signature)