

410-534-4500 ● jhfcu.org 1-800-JHFCU-70

## **JHFCU Cross Account Transfer Form**

\*All requests must include original signatures. Do not fax.

MAIL TO: JOHNS HOPKINS FEDERAL CREDIT UNION, 2027 E. MONUMENT ST., BALTIMORE, MD 21205 BRING TO: ANY OF OUR BRANCH LOCATIONS

EAST BALTIMORE BRANCH

2027 E. MONUMENT ST. BALTIMORE, MD 21205 HOMEWOOD BRANCH

4 E. 33RD ST. BALTIMORE, MD 21218 BAYVIEW BRANCH

5201 ALPHA COMMONS DR. BALTIMORE, MD 21224

Upon completion of this form, you as a sending account owner:

Can transfer funds to the recipient's account

Cross account transfers are not permitted to or from an IRA or Fiduciary Account.

Once you have completed a transfer, you or JHFCU cannot reverse it without the receiving account owner's written consent; provided that the funds are still available.

The Cross Account Transfer authorization will remain in effect until either the sending account owner or the receiving account owner submits a request in writing to cancel the service.

By signing below, both the sending account owner and the receiving account owner understand the conditions listed above in addition to Johns Hopkins Federal Credit Union's Agreements and Disclosures.

I wish to use Home Banking and Telebranch 24 to transfer funds:			
<b>FROM</b> the account specified b	elow:		
Account Owner Name		Account Number	
Signature of Account Owner		Date	
TO the account specified below	w:		
Account Owner Name		Account Number	
Signature of Account Owner		Date	
CREDIT UNION USE ONLY			
DATE RECEIVED:	TELLER ID:		EMPLOYEE NAME:
SIGNATURES VERIFIED:	FROM ACCOUNT UPDATED: DATE ACCOUNT UPDATED:		NOTES: