



1980 W. Broad Street  
 Columbus, OH 43223  
 Phone: 614-466-4988 / 800-434-7300 / Fax: 614-466-5118

FAX OR MAIL COMPLETED FORM

E-ACCOUNT / ACCESS 24 TRANSFER AUTHORIZATION

I request authorization to make deposits by E-Account or Access 24 transfer from my account number \_\_\_\_\_ to the following account(s):

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_

These accounts are held with and maintained by State Transportation Employees Credit Union, Inc. I understand that once I transfer a deposit from my account into the requested account number, I cannot revoke that deposit unless I am a joint owner on the account into which the funds were transferred or by written permission from the account owner. I understand that no transfers will be made unless I initiate the transfer through E-Account or Access 24. I may cancel this access at any time by written notice to the State Transportation Employees Credit Union, Inc.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date