



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

FAX OR MAIL COMPLETED FORM

AUTHORIZATION TO TRANSFER TO NON-JOINT ACCOUNT

I authorize State Transportation Employees Credit Union, Inc. to transfer \$_____ from my share/checking (circle one) account number _____ to the account of _____ (name on account), account number _____. I understand that once this transfer is made, the owner of the account has full access to these funds. State Transportation Employees Credit Union, Inc. is not held responsible for any withdrawals or use of funds by the account owner to whom the funds were transferred.

Signature

Printed Name

Date

IMPORTANT: THIS FORM TO BE COMPLETED WITH EACH TRANSFER REQUEST