



Member to Member Transfer Authorization Form

This form enables you to make transfers from your Bethpage account to the following account(s) via Bethpage Online or Telephone Banking.

Please list the account(s) you wish to transfer to:	
Name	Account No.
Name	Account No.
Name	Account No.
Name	Account No.

Please complete the following:	
Your Name	Account No.
Address	Email Address
Home Phone	Work Phone
<input type="checkbox"/> Check here if this is a new address or phone number	

Upon receipt of your application, your account(s) will be updated within 2-3 business days.

I/We authorize these Bethpage Federal Credit Union account(s) to receive transfers through Bethpage Online or Telephone Banking. I/We understand that I/we can only transfer funds into the account(s) listed and that I/we cannot receive funds from these account(s).

Signature _____ Date _____

Please return completed form to:

Bethpage Federal Credit Union
 P.O. Box 127
 Bethpage, NY 11714

Or you can Fax the form back to 1-516-871-8110

For Bethpage Federal Credit Union Use Only		
Date Received	Date Entered	Entered By