

Cross Member Transfer Form

1. Print this page
2. Fill out and both parties need to sign (if under age 13 we do not need a signature for the recipient)
3. Fax to 703-573-0973

This is for transfers within Constellation Federal Credit Union and is “TO” transaction only.

I, _____(receiving member name & number) authorize the following member _____(transferring member name & number) to transfer funds into my account via CFCU online account access.

Signature of receiving member

Signature of transferring member

Email Address of receiving member (Please expect an email confirmation when the cross member transfer is completed by a CFCU staff member.)

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