



Scient Federal Credit Union
 P.O. Box 499 - 60 Colver Avenue
 Groton, CT 06340-0499
 Tel: 877 860 MYCU
 www.scientfcu.org

Internal Transfer Form

Print off form, complete, and fax to 860-441-0996 or mail to:

Scient FCU
 Member Services Department
 P.O. Box 499
 Groton, CT 06340

Name		Account Number	
<input type="text"/>		<input type="text"/>	
Effective Date		Day to Transfer	
<input type="text"/>		<input type="text"/>	
Frequency			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	
Debit Account	Suffix	Amount	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
Transfer To:			
<input type="checkbox"/> Savings	Amount: <input type="text"/>	<input type="checkbox"/> Loan	Amount: <input type="text"/>
<input type="checkbox"/> Checking	Amount: <input type="text"/>	<input type="checkbox"/> Mortgage	Amount: <input type="text"/>
<input type="checkbox"/> Club	Amount: <input type="text"/>	<input type="checkbox"/> Home Equity	Amount: <input type="text"/>
<input type="checkbox"/> IRA Share	Amount: <input type="text"/>	<input type="checkbox"/> Other Account	Amount: <input type="text"/>

Signature _____

Date _____

Office Use Only:	
Prepared by _____	Date: _____
Entered by _____	Date: _____