

Online Banking and Telephone Banking Transfer Authorization

Use this form to authorize an Online Banking/Telephone Banking transfer of funds from your Parsons FCU account to another Parsons FCU account that you are not an owner of. Send us this completed authorization with your information and signature and mail to P.O. Box 90667, Pasadena, CA 91109, or fax to (626) 440-9405.

Account/Member #	Name	Name	
I request authorization to make Par Federal Credit Union Account.	rsons FCU Online	Banking and Telephone Banki	ng transfers to the following Parsons
Receiving Account Informa	ition		
Account/Member #	Name		Date
and Agreement, Truth in Savings D	e terms and con isclosure & Agreer	ment, Privacy Policy and Fee S	ment, Electronic Services Disclosur Schedule which will govern the accoun
account holders party to this Accou			submitted in writing and signed by all
Initiating Account Holder:			
Signature:		Date:	
Receiving Account Holder:			
Signature:		Date:	



