



BALANCE TRANSFER REQUEST

Must provide proof of account number and payment address information.
Drop form off in drive-through or in night drop box.

Payee: _____

Amount of Transfer: _____

Payee Account number to transfer to: _____

TwinStar Account number to transfer from: _____

Address of Payee:

Do you want the account closed?

If "Yes" please complete an Account Payoff Authorization form on next page.

Yes

No

Member Name: _____

Authorized Signature: _____ Date: _____



ACCOUNT PAYMENT AUTHORIZATION

Date: _____

To: _____

I hereby authorize and direct you to accept from the Payer:

TwinStar Credit Union

PO Box 718

Olympia, WA 98507

The sum of \$ _____

To be applied to my account, # _____

I request my account to:

be closed at this time.

remain open.

Member Name: _____

Authorized Signature: _____