



INTERNAL ACCOUNT TRANSFER FORM

PAHO/WHO FCU IS AUTHORIZED TO EXECUTE THE FOLLOWING INTERNAL ACCOUNT TRANSFER:

Funds will be withdrawn from the following member's account:

PAHO/WHO FCU Member Name: _____

Member Account Number: _____

Amount: US\$ _____ Checking Savings

Funds will be deposited into the following member's account:

PAHO/WHO FCU Member Name: _____

Member Account Number: _____

Amount: US\$ _____ Checking Savings

Signature: _____ Date: _____

*A separate form is required for each account transfer request