OUR CREDIT UNION

MEMBER TO MEMBER TRANSFER ENROLLMENT FORM

Name (Primary Member)	Account #
Name (Joint Account Holder)	

Please set-up the above account number for "Member-to-Member" transfers, allowing me to use Audio Response (TOPS) or Online Banking to transfer funds into the following accounts.

If you are not a joint-owner on an account that you list below, you must get the signature of the account holder before we will allow transfers to be made into their account. If you have questions please contact our Support Services Department at (248) 549-3838 extension 306.

I would like to transfer funds into...

Account Number	Member's Name	Signature of Account Holder (if you're not a joint-owner)
-		
-		
-		
-		
-		

X _____ Date _____
Primary Member Signature

X _____ Date _____
Joint Account Holder Signature

Fax this form to us at: (248) 549-0203,

or mail to:

OUR Credit Union
3070 Normandy Rd.
Royal Oak, MI 48073