Make the





AUTHORIZATION TO TRANSFER FUNDS

High Point FCU Account Information	
Owner Name	
Account Number	
Joint Owner	
Transfer Account Funds From	
Financial Institution Name	
Account Number	
Address	
City/St/Zip	Phone
Instructions to Transferring Institution (check	call that apply)
Transfer all funds and close my account.	(an ende apply)
Transfer exactly \$	
☐ Transfer the funds immediately.	
Transfer funds on the following date:	
Other	
	·
Please accept this letter as my authorization to transfer funds from the above	
named account to:	
High Point Federal Credit Union	
1201 Wayne St., Olean, NY 14760	
High Point FCU Routing Number: 222381824	
Please make the check payable to High Point FCU and note on the check	
that it is for deposit into my High Point FCU Account#:	
, ,	
Owner Signature	Date
Joint Owner Signature	

