
TRANSFER REQUEST FORM



LCFCU.ORG | 202-707-5852
800-32-LCFCU (52328) | 800-325-2328

Date: _____

Account Number: _____ Type: _____

Member Name: _____

Daytime Phone Number: _____

DEPOSIT INSTRUCTIONS

Transfer Amount: _____

For Credit to: _____

Account Number: _____ Type: _____

I hereby authorize Library of Congress Federal Credit Union (LCFCU) to make a one time transfer to the account I have noted above. I understand that once I have given this authorization I may not have access to those funds being transferred.

MEMBER(S) SIGNATURE

Office Use Only:

Date & Time Rec'd: _____ Rec'd by: _____

Processed by: _____

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch:

**101 Independence Ave., SE,
Room LM 634,
Washington, DC 20540-9997**