

Travis Credit Union

707-449-4000/800-877-8328

PO Box 2069

Vacaville, CA 95696

AUTHORIZATION TO TRANSFER OR FORWARD FUNDS

Decedent's Name: _____

Decedent's Account #: _____

Joint/Beneficiary's Name: _____

Joint/Beneficiary's Phone #: _____

Upon closing the decedent's account, I hereby authorize Travis Credit Union to disburse the funds on deposit as stated below:

Transfer to my TCU account #: _____

Issue check to me:

(If not requested in person, check will be mailed to the address listed below)

Address: _____

Wire funds to my account:

(An outgoing wire fee of \$25 will be charged when wiring funds to an account at another financial institution)

Name of Financial Institution: _____

Routing #: _____

Name on Account: _____

Account #: _____

By signing below, I agree to hold Travis Credit Union harmless against any liability that may incur as a result of this authorization.

Signature of Joint/Beneficiary

Date

State of California

County of _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ (date) before me, _____ (insert name and title of the officer), personally

appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(SEAL)