

ENERGZE CREDIT UNION TRANSFER REQUEST FORM	ne	Member Number	
ACCOUNT TRANSFER REQUEST I request a transfer from my account be mailed to:	. Address of Record	Coop Amount:	
FOR IRA TRANSFERS			
Payable To			
City			
State			
Zip			

Phone 405-478-0046 admin@energize.coop Vs 1 Fax 405-478-1279

Signature_