

Internal Transfer Form

Print off form, complete, and fax to 860-441-0989 or mail to:

Scient FCU Operations Department P.O. Box 499 Groton, CT 06340

Name			Account Number			
Effective Date			Da	y to Transfer		
Frequency Weekly		Bi-Weekly		☐ Monthly		
Debit Account	Suffix		Am \$	nount		
Transfer To: Savings Checking	Amount:			Loan Mortgage	Amount:	
☐ Club☐ IRA Share	Amount:			Home Equity Other Account	Amount:	
Signature			_	Date		
	Office Use Only:					
	Prepared by					