



CAP COM Financial Center
 4 Winners Circle • Albany, NY 12205
 (518) 458-2195 | (800) 468-5500 | fax (518) 458-2261
 www.capcomfcu.org

Other Branch Locations
 Brunswick • Clifton Park • Cohoes • Colonie
 Glenmont • Latham • Niskayuna • North Greenbush

AUTHORIZATION TO TRANSFER FUNDS TO A THIRD PARTY

CAP COM Federal Credit Union is hereby authorized to issue:

_____ A check made payable to [Payee] alone, without being made payable to myself/ourselves.

_____ A wire transfer sent to a beneficiary [Payee] alone, without being made payable to myself/ourselves.

Payee: _____

In the amount of \$ _____ Dollars and _____/100

Please mail the check to:

I understand if CAP COM Federal Credit Union is issuing an official check on my behalf, I am responsible for the accuracy of the information provided. I also understand that under no circumstances can a stop payment be placed on this check until 90 days after the date of issuance.

Signed:

Credit Union Borrower	Date	Credit Union Borrower	Date
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Office Use Only – Indicate Proof of Identity Provided

Known Personally	Driver's License	CAP COM Account Signature Card	Other State Proof
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I hereby attest that the above signature is that of the member whose account is identified above.

Employee Signature	Date
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