

Account Transfer Form

From:			To: Vermont Federal Credit Union		
			84 Pine Stree	t	
Financial Institution Address			Financial Institution Address		
			Burlington	Vermont	05402
City	State	Zip	City	State	Zip
	at all checks, autor		other transactions c debits and auton		orior to closing my ac
Name(s):	-			-	
Name on Accour	nt	Name on	Account	Name	on Account
ignature		Signature		Signature	
Accounts:					
Account Number	r	Account	t Type		
Account Number	r	Account Type			
Account Number	<u> </u>	Account	Туре		
if you have any	questions, please	contact me at the	ne following numb	er:	

General Information

Post Office Box 407 Burlington, VT 05402-0407

Call Center: (888) 252-0202 Call-24 (Audio Response)

(802) 658-9630 (800) 280-9630 (outside Burlington area)

Email: vermontfederal@vermontfederal.org

Web Site: www.vermontfederal.org





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