

ORDER FOR TRANSFER OF FUNDS

Funds to be transferred from:

Name and Address of Bank, Savings & Loan or Credit Union*:

Account # _____

In the name(s) of _____

Amount # _____ (plus any accrued interest)

Signature (s) _____

Signature (s) _____

Funds to be transferred to:

D.C. Teachers Federal Credit Union

First Floor, 9th & D Streets, N.E., P.O. Box 48009, Washington, D.C. 20002

Account # _____

Name _____

Address _____

*Outside financial institutions may impose a wire transfer fee.