



<b>Internal Use Only:</b>			
Initials	_____	_____	_____
Date	_____	_____	_____
Time	_____	_____	_____

## ACH TRANSFER CONFIRMATION

INSTITUTION/DEPOSITORY NAME: \_\_\_\_\_

INSTITUTION TRANSIT/ABA NUMBER: \_\_\_\_\_

INSTITUTION ACCOUNT NUMBER: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

*If name on account differs from Member Name please include their SSN# and address:*  
\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION ACCOUNT TYPE  
(i.e., Checking, Savings, etc.): \_\_\_\_\_

AMOUNT: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

MEMBER ACCOUNT NUMBER: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_

MEMBER PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**This form must be faxed at the time of each ACH transfer to:  
(609) 275-4194**

- Please note that there is a \$5.00 origination fee.
- ACH transfers will post to the receiving institution within 48 business hours.
- All ACH transfer confirmations received after 3:00pm will be initiated the following business day.

<b>For Internal Use Only: Call Back Verification</b>			
_____	_____	_____	_____
Date	Time	Phone Number	Initials