

Automatic Transfer Request/ ACH Request

2010

Date: _____ Member/Owner _____

Type of Request: New Update Cancel

Contact Phone Number: _____ Cell phone Number: _____

Credit Union Staff will contact you by phone to verify request prior to setting up transfer

I authorize the Credit Union to transfer funds from my account(s):

Monthly Semi-Monthly Bi-Weekly Weekly One Time Request

<p>Transfer From: _____ Financial Institution Name</p> <p>_____ Routing Number</p> <p>Account Number</p> <p>_____</p> <p>Transfer Amount</p> <p>_____ Checking _____ Savings</p>	<p>Transfer To: _____ Financial Institution Name</p> <p>_____ Routing Number</p> <p>Account Number</p> <p>_____</p> <p>Transfer Amount</p> <p>_____ Checking _____ Savings</p>
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I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds can be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue as requested until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

X _____
Signature Date

X _____
Signature Date

Credit Union Use Only: Verified with Member _____ Set up ACH _____ Date Completed _____ CAN# _____