



## REQUEST FOR AUTOMATIC FUNDS TRANSFER

**Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

I authorize AmeriChoice Federal Credit Union to transfer funds between my account(s) as follows:

AMOUNT	FROM ACCOUNT W/SUFFIX	TO ACCOUNT W/SUFFIX	BEGINNING DATE
\$			
\$			
\$			
\$			
\$			
\$			

I would like this transfer to occur:

- Weekly – effective on \_\_\_\_\_
- Bi-weekly – effective on \_\_\_\_\_
- Monthly - on (specify day of month) \_\_\_\_\_

I understand that the above transfer(s) will occur as requested. I understand that it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date(s). If there are insufficient funds in the account on any transaction date to enable all requested transfers; no transfers will occur for that period. The transfer(s) will continue until I notify the Credit Union in writing to cancel or update the transfer, or if the Credit Union notifies me that the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

**X** \_\_\_\_\_  
MEMBER SIGNATURE

**X** \_\_\_\_\_  
JOINT MEMBER/OWNER SIGNATURE

Credit Union Use Only:	MSR Initials & # _____	Date Processed _____
Dept Notified: <input type="checkbox"/> Loan <input type="checkbox"/> IRA/HSA/Coverdell		