## Request for Automatic Transfer(s)

## CommonWealth <br> CREDIT UNION

## Member Information

Member Name: $\qquad$
First
Middle
Last

Member Address: $\qquad$

Home/Cell Phone Number: $\qquad$ Work Phone Number: $\qquad$

## New Transfers

From \# $\qquad$ Type $\qquad$ To \# $\qquad$ Type $\qquad$ Amount \$ $\qquad$

Effective Date: $\qquad$ Frequency:
Weekly $\square$ Bi-Weekly


Monthly

From \# $\qquad$ Type $\qquad$ To \# $\qquad$ Type $\qquad$ Amount \$ $\qquad$

Effective Date: $\qquad$ Frequency: $\square$ Weekly
$\square$ Bi-Weekly
$\square$ Monthly

Changes to existing transfer(s)

## Previous \$

$\qquad$
From \# $\qquad$ Type $\qquad$ To \# $\qquad$ Type $\qquad$ New \$ $\qquad$

Effective Date: $\qquad$ Frequency: $\square$ Weekly


Bi-Weekly

## $\square$ Cancellation of Auto Transfer

Previous \$ $\qquad$
From \# $\qquad$ Type $\qquad$ To \# $\qquad$ Type $\qquad$ New \$ $\qquad$

Effective Date: $\qquad$ Frequency: $\square$ Weekly

## $\square$ Cancellation of Auto Transfer

If the transfer date falls on a Saturday, Sunday, or a holiday, it will be transferred on the previous business day.

I hereby authorize CommonWealth Credit Union to transfer the monies to my account as stated above. I realize it is my obligation to have the said monies in my account available for transfer on the date listed above. If I fail to do so, I understand that it will be my responsibility for the said transfer in the future and not CommonWealth Credit Union. If
$\qquad$ Date FM Done: $\qquad$ FM Done by:
Date Cancelled: $\qquad$ Reason Cancelled: $\qquad$

