Request for Automatic Transfer(s)



Member Information					
Member Name:					
	First	Middle		Last	
Member Address:					
	Street Address	City		State	Zip
Home/Cell Phone N	umber:		Work Phone N	Number:_	
New Transfers					
From #	Туре	To #	<u></u>	Туре	Amount \$
Effective Date:		Frequency:	Weekly		Bi-Weekly Monthly
From #	Type	To #	·	Туре	Amount \$
Effective Date:		Frequency:	Weekly		Bi-Weekly Monthly
Changes to existing	transfer(s)				
From #	Type _	To #		_ Type _	Previous \$ New \$
Effective Date:		Frequency:	☐ Weekly		Bi-Weekly Monthly
Cancella	tion of Auto Transfer				
From #	Typo	To #		Typo	Previous \$ New \$
110111#			_		
Effective Date:		Frequency:	Weekly	ш	Bi-Weekly Monthly
Cancella	tion of Auto Transfer				
If the transfer o	late falls on a Saturday,	Sunday, or a ho	liday, it will be tro	ansferred	on the previous business day.
obligation to have the	said monies in my accou	unt available for	transfer on the da	ite listed a	stated above. I realize it is my above. If I fail to do so, I monWealth Credit Union. If
Member Signature		Date	Pre	pared by	,
OFFICE USE ONLY:					
Payroll Transfer #:		Date FM Done:			FM Done by:
Date Cancelled:_		Reason Car	ncelled:		