

Automatic Transfer Request

New Request Update Existing Transfer Cancellation

Sending: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Receiving: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Transfer: Amount of Transfer \$ _____ Effective Date* _____

Frequency: Weekly Twice Monthly on ____ & ____
 Biweekly Monthly Quarterly Annually

Sending: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Receiving: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Transfer: Amount of Transfer \$ _____ Effective Date* _____

Frequency: Weekly Twice Monthly on ____ & ____
 Biweekly Monthly Quarterly Annually

Sending: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Receiving: Primary Member Name _____
 Membership Account # _____ Share ID # _____

Transfer: Amount of Transfer \$ _____ Effective Date* _____

Frequency: Weekly Twice Monthly on ____ & ____
 Biweekly Monthly Quarterly Annually

I hereby authorize LA Financial Federal Credit Union to transfer funds from my account, as outlined above. I understand and agree that no transfer will be made unless there are sufficient available funds on deposit at the time of transfer. I agree that the transfer(s) will start on the effective date, they will be in the exact amount authorized and will remain in effect until canceled by me in writing to the Credit Union.

Signature** _____ **Daytime Phone** _____

*The effective date MUST be at least three (3) full business days from the current date.
 **A primary or joint owner of the SENDING account MUST sign the form.
 Note: Transfers to an IRA savings account will be for the current year and must be accompanied by an IRA Contribution/Investment form. Automatic Transfer Request forms CANNOT be used for IRA distributions. Please consult Credit Union personnel for distribution instructions.

SPECIAL NOTE: anytimeBanking at www.lafinancial.org can be used to set up automatic transfers for accounts under your own membership.

<i>For Credit Union Use Only</i>			
Branch:	Signature verified by <input type="checkbox"/> I.D. _____	<input type="checkbox"/> Signature Card	
<input type="checkbox"/> IRA form (if app.)	Branch # _____	Employee _____	Date _____
Processing:			
Group # _____	1 st Transfer Date _____	Processed by _____	Date _____