Financial Credit Union

Havasu Community Credit Union
A Division of L.A. Financial FCU

Automatic Transfer Request

☐ New Request ☐ Update Existing Transfer ☐ Cancellation

Sending: Primary Member Name _____

Member # _____

Sending Account # _____

Receiving: Primary Member Name _____

Receiving Account # _____

Transfer: Amount of Transfer $_____

Frequency: ☐ Weekly ☐ Twice Monthly on _____ & _____

☐ Monthly ☐ Quarterly ☐ Annually

Effective Date* _____

I hereby authorize L.A. 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.**

For Credit Union Use Only

Branch: Signature verified by ☐ I.D. _____ ☐ Signature Card

☐ IRA form (if app.) Branch # _____ Employee _____ Date _____

Processing:

Group # _____ 1st Transfer Date _____ Processed by _____ Date _____

01/30/04 DC