Clear All

Share to Share Transfer Authorization

☐ New Transfer ☐ Cancel Transfer ☐ Change Current Transfer

Transfer Amount $_____

Transfer Date(s)

Transfer funds *from*

Account Name_____

Account #_____

☐ **Savings Account** ☐ Money Market ☐ **Checking Account**

Transfer funds *to*

Account Name _____

Account #_____

☐ **Savings Account** ☐ Money Market ☐ **Checking Account**

☐ **Loan #____** ☐ **IRA** ☐ **Dedicated Savings #_____**

Monthly on this date(s) _____

BI-weekly *Monday* starting ___ /___ /___
(TI or TR)

BI-weekly *Tuesday* starting ___ /___ /___
(TS or TT)

BI-weekly *Wednesday* starting ___ /___ /___
(TU or TW)

BI-weekly *Thursday* starting ___ /___ /___
(TV or TX)

BI-weekly *Friday* starting ___ /___ /___
(T3 or T4)

BI-weekly *Saturday* starting ___ /___ /___
(T5 or T6)

This day every week _____

2nd Wednesday of each month
3rd Wednesday of each month
4th Wednesday of each month

Changes to Current Transfer

Increase transfer from $_____ to $_____.

Decrease transfer from $ _____ to $_____.

Change transfer date from _____ to _____.

Transfer currently coming from _____ change to now come from _____.
(suffix) (suffix)

Transfer currently going to _____ change to now go to _____.
(suffix) (suffix)

Additional Comments _____
_____
_____

Transfers are posted before opening of business on designated dates. If funds are not available, transfer will not be posted again until next cycle date. Transfers will not take the savings account below $25.00. BI-weekly transfers will be posted 3 times in months where applicable.

I authorize America First Federal Credit Union to make transfers from my account as designated, for credit to the account shown.

___ / ___ / ___ _____
DATE **MEMBER SIGNATURE**

FOR SAVINGS DEPARTMENT USE ONLY

POSTED BY _____ Date _____

Initials_____
Seat #_____

MBSTS

AFCU #17 05/03