

Scheduled Share Transfers



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| Form Instructions 1 – Complete all applicable fields 2 – Print completed form 3 – Sign and date the Signature section | 4 – Fax to: 404-677-4832 or Mail to: Delta Community Credit Union P.O. Box 20541 or Dept. 930/ATG Atlanta, GA 30320-2541 Attention: eBusiness |
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Member Information

Member Name _____ Account Number _____ Social Security Number _____

Transfer Information

Share ID to transfer **from** _____ Account number to transfer **to** _____ Share ID to transfer **to** _____

Name of account holder to transfer **to** (if you are not joint on the account)

Transfer Amount _____

Date to begin transfer _____

Date to end transfer _____

| Transfer Schedule (select one): | |
|---|-------------------------------------|
| <input type="checkbox"/> One time transfer | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> Semiannual |
| <input type="checkbox"/> Semimonthly (1 st and 16 th) | <input type="checkbox"/> Annual |

Terms and Conditions

If funds are not available on the scheduled transfer date, the transfer will fail, but no fee will be charged. Transfers will post at the beginning of the working day that I schedule, and may post before any other transactions that are scheduled on that date (such as Delta Payroll Deposits.) If the scheduled date is not a working day, the transfer will post during the next business day. If I authorize a transfer into an account on which I am not joint, the Credit Union can not be responsible for this transaction should a conflict occur. Delta Community CU does not recommend transfers to inaccessible accounts in the event we are unable to stop the transfer when requested. In order to stop a regularly scheduled transfer, I must notify the Credit Union in writing within 5 working days of the transfer date. If this transfer is to an IRA, the contribution will be made for the calendar year in which it is deposited. Prior year contributions cannot be made with this automated process. See information below regarding monthly transaction limitations.

You are not permitted to make more than six (6) withdrawals from the Savings account per month for the purpose of transferring funds from the savings account to another account with the Credit Union, or for making a payment to a third party by means of pre-authorized or automatic transfer, telephonic agreement, order or instruction. Transfers for repaying Delta Community CU loans or transfers among accounts of the same person, when made by mail, messenger, ATM, or in person do not count toward the six (6) withdrawal limitations.

Signature

By signing below, I authorize Delta Community Credit Union to schedule savings or checking transfers as indicated and agree to the terms and conditions above.

Signature _____

Today's Date _____



This credit union is federally insured by the National Credit Union Administration.