

# Scheduled Share Transfers



Form Instructions:

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the Signature section

4 — Print and mail the completed form to:

Delta Community Credit Union,  
ATTN: Payment Services  
P.O. Box 20541  
Atlanta, GA 30320-2541  
or Fax 404-677-4832

## Member Information

Member Name

Member Number

Social Security Number

## Transfer Information

Share ID to transfer **from**

Member number to transfer **to**

Share ID to transfer **to**

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

**Note:** Delta Community CU requires receipt of this form **3 business days** before the start date.

Transfer Amount

Date to begin transfer

Date to end transfer

### Transfer Schedule (select one):

- |                            |            |
|----------------------------|------------|
| One time transfer          | Monthly    |
| Weekly                     | Quarterly  |
| Biweekly                   | Semiannual |
| Semimonthly (1st and 16th) | 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 business day that I schedule, and may post before any other transactions that are scheduled on that date (such as Payroll Deposits). If the scheduled date is not a business 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 as 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. By submitting this form, I acknowledge receipt of a copy.

## Signature

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

Signature

Date

