UNIVERSITY
credit union

Periodic Transfer of Funds (PTOF)

PLEASE PRINT OR TYPE:

Name_____
Last First Middle

Account Number_____ Daytime Phone No. and Ext _____

Email Address_____

AUTHORIZTION (check one): ❑ Initial Authorization ❑ Change ❑ Cancel Specific Transfer ❑ Cancel All Transfers

FREQUENCY (check one): ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

I hereby authorize the University Credit Union to process the transfers listed below, according to my scheduled frequency, subject to funds availability and subject to the credit union deadlines. I further authorize the Credit Union to change my transfer amount if the loan payment amount changes. Transfers will be attempted according to the frequency selected on the same day as the initial transfer (For example if a transfer start date is scheduled for February 6th, subsequent monthly transfers will occur on the 6th day of the month). Transfer dates that fall on Saturday, Sundays or Credit Union holidays will be attempted on the next business day. If funds are not available on the transfer day, the transfer will be attempted once a day on each of the next two days, until funds are available. If funds are not available after the third attempt, no futher transfers will be attemped unti the next scheduled frequency. If a selected transfer start date is the 29th, 30th or 31st of the month and that date is not available in a subsequent month, the default transfer date will be the last business day for that particular month. **I understand this authorization will remain in effect until I cancel it in writing.**

Transfer Request #1					
Start Date:	❑ Loan payment amount or ❑Amount $	From which Suffix	To UCU Account	Select One	To Suffix Number
Name on Account * (If transfer to a different account number)		Signature of other account owner*			

Transfer Request #2					
Start Date:	❑ Loan payment amount or ❑Amount $	From which Suffix	To UCU Account	Select One	To Suffix Number
Name on Account * (If transfer to a different account number)		Signature of other account owner*			

Transfer Request #3					
Start Date:	❑ Loan payment amount or ❑Amount $	From which Suffix	To UCU Account	Select One	To Suffix Number
Name on Account * (If transfer to a different account number)		Signature of other account owner*			

Cancellation Request					
Date to Cancel Transfer	❑ Loan payment amount or ❑Amount $	From which Suffix	To UCU Account	Select One	To Suffix Number

*If a transfer is requested to another member's UCU account, the owner of the account receiving funds must sign to initiate transfer request. UCU cannot reverse a transfer between two separately owned accounts without the written approval of both the sending and receiving parties.

Signature_____ **Date:** _____

UCU Use Only
Received by Teller No. _____ **Date Received** _____ **Completed by Teller No.** _____ **Completion Date** _____

(March 2014)