



P.O. Box 90010 Richmond, VA 23225-9010
(804) 323-6000 (800) 285-5051 vacu.org

Automatic Transfer Authorization

This form is for transfers between Virginia Credit Union accounts only.

Name _____ Daytime Phone (____) _____

This is a: New Request Cancellation Change

Please indicate how often and when you would like to make the transfer(s):

Once a month on the _____ Twice a month on the _____ and _____

I authorize Virginia Credit Union to make the following transfer(s) beginning _____
(Date)

TRANSFER FROM: Account Type: Checking Regular Savings Other _____

Account Number: _____
(list complete account number)

TRANSFER TO:

ACCOUNT TYPE	ACCOUNT NUMBER (list complete number)	AMOUNT
TOTAL		

In addition to VACU's other terms and conditions previously disclosed to me, I understand and agree that the terms and conditions stated below apply specifically to VACU's Automatic Transfer Authorization program (Program) and remain in effect for as long as I am a participant, or VACU notifies me otherwise. Any change made under this program is also covered by these terms and conditions.

- Transfers scheduled for a day that is a weekend or VACU holiday will be posted on the first business day thereafter.
- Transfers are withdrawn only from the designated "FROM account" above, so please be sure the funds are in that account on the transfer date. If you don't have funds in your account to complete a transfer, we will make continuous attempts on subsequent business days until the transfer is successfully posted.
- *For transfers from a savings account*, certain monthly limits apply to the number of electronic transfers. Transfers exceeding those limits will not be made. Please ask us for details.
- *Funds transferred to an IRA* are considered as deposits for the year in which the transfers are posted.
- Notify us five business days before the transfer date if you wish to change or cancel a transfer or your participation in this program.

Signature _____ Date _____

Comments _____

Received by _____

Please call Member Services at (804) 323-6800 or (800) 285-6609 for assistance.

Return completed and signed form to:

**Virginia Credit Union
Attention: EFT Services
P.O. Box 90010
Richmond, VA 23225-9010
Fax Number: (804) 267-5414**