



Bashas' Associates Federal Credit Union

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Fax (480) 831-1512

Automatic Transfer Form

Member Name _____ Daytime Phone _____

This is a New Request Change Cancellation

TRANSFER FROM: Account Number: _____

Account Type: Checking Savings Other _____

TRANSFER TO:

ACCOUNT NUMBER/ Including Suffix	SAVINGS/CHECKING/LOAN Select One			AMOUNT \$
	Savings	Checking	Loan	
	Savings	Checking	Loan	
	Savings	Checking	Loan	
	Savings	Checking	Loan	
TOTAL				

FREQUENCY: Start Date _____ Weekly Bi-Weekly Semi-Monthly Monthly

By signing this form, you authorize BAFCU to perform automatic transfers as indicated. This authorization shall remain in force until you provide written cancellation in accordance with the policies and procedures of the Credit Union.

- Transfers scheduled for a day that is a weekend or a BAFCU holiday, will be posted on the first business day thereafter.
- Transfers are withdrawn only from the designated "From Account" above, so please make sure the funds are available in that account on the transfer date. If you don't have the funds in your account to complete a transfer, we will make several 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.
- Notify us five business days before the transfer date if you wish to change or cancel a transfer.

Signature _____

Date _____

For Credit Union Use Only

Date Received: _____ Date Completed: _____ Completed by: _____

Scanned: _____ Verified: _____

For Credit Union Use Only

Date Received: _____ Date Completed: _____ Completed by: _____

Scanned: _____ Verified: _____