



AUTOMATIC TRANSFER REQUEST FORM

PLEASE PRINT ALL INFO EXCEPT SIGNATURE

Account:

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Automatic transfers are convenience for GCU members. The Glenview Credit Union shall not be held liable for any errors made as a result of the information given in this authorization. It shall also not be responsible for any charges or additional costs as a result of insufficient funds or the date in which the transfer was made. Use one form per transfer.

PRINT Member Name – use as many blocks as necessary for first & last name

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This a **new** auto transfer request. To start on ____/____/____ Member Initial Here

This is a **change** to a current request. To start on ____/____/____ Member Initial Here

Transfer of dollars \$

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 ¢ Member Initial Here

From account # and suffix:

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To account # and suffix:

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Select your schedule:

- 1 = Monthly**, based on the start DAY, [EXCEPT 29, 30, 31 not allowed] see M
- M=Monthly**, on the last day of the month –this date will vary.
- W = Weekly**, Based on the day of the week of the start date.
- B = Bi-Weekly**, Based on the day of the week of the START DATE.
- F=Semi-monthly**, based on the START DATE

I understand that if the funds are not sufficient to transfer the full amount:

- ▶ the transfer will not be completed and that;
- ▶ I will be responsible for the transfer or loan payment that was to be made that month.

If the transfer should happen to fall on a day that the Glenview Credit Union is closed, then I understand that the transfer will be done on the next business day, without penalty.

_____/_____/_____
Primary Account holder: Signature Required Date

FAX BACK TO GCU MEMBER SERVICE AT 847.724.1808 OR SCAN AND EMAIL TO: MEMBERSERVICE@GLENVIEWCU.ORG

For Office Use Only:

Faxed / emailed to Mbr by _____ on ____/____/____
Received by GCU on by _____ on ____/____/____
Set-up by _____ on ____/____/____
Verified by _____ on ____/____/____