

NEXTDAY Money Transfer

I hereby authorize Glenview Credit Union to debit my credit union account and send it to the financial institution named below. I agree to have available funds in the account on the designated date in order to complete this transfer. I also agree to pay any applicable fees for this service as disclosed in the Fee Schedule. **Incorrect information provided which results in the failure of the funds transfer will be solely my responsibility.**

- **Sender's Information:**

Sender's name: _____

Amount: \$ _____

Your credit union account number _____ Checking ___ Savings ___ Other ___

Date for transfer (no sooner than next business day) _____

- **Credit to:**

Recipient's name: _____

Recipient's street address: _____

City _____ State _____ Zip _____

(Financial Institution Name)

Routing number

Account number

Checking ___ Savings _____

Transfers are made the next business day excluding Saturday, Sunday, or bank holidays. In those cases, the transfer will take place on the following business day.

Glenview Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

(Member Name)

(Signature)

(Date)

Office use:

Request confirmed by _____ Account debit and fee by _____ Sent by _____