



www.rutgersfcu.org

Automatic Recurring Transfer Request

Name _____ Account Number _____

Address: _____ City, State, ZIP _____

Daytime Phone # _____ Date of Request _____

Account to Account Transfer:

Transfer From Account #: _____ Type of Account: _____

Amount: _____ Frequency of Transfer: Biweekly
Semi-Monthly
Monthly (Day of Month) _____

Transfer To Account #: _____ Type of Account: _____

Account to Loan Transfer:

Transfer From Account #: _____ Type of Account: _____

Frequency of Transfer: Biweekly
Semi-Monthly
Monthly (Day) _____ Frequency of Transfer: Biweekly
Semi-Monthly
Monthly (Day) _____

Amount & Loan #: _____ Amount & Loan #: _____

I hereby authorize Rutgers Federal Credit Union (RFCU) to transfer funds, as listed above, between my accounts at RFCU, and if necessary, to make adjustments for any errors. RFCU will be responsible for the transfer of funds in accordance with this authorization. This authorization will remain in effect until RFCU receives written notification from me to change or cancel this authorization.

Member Signature

Date

Internal Use Only

Received By: _____	Branch: _____	Date: _____
Processed By: _____	Branch: _____	Date: _____