ACH or Automatic Deposit Transfer

Today's Date ____/____/____

For new or changed transfers involving other financial institutions, you must allow 15 days to process this request.

Request to:
(select only one)

___ **Start** a new automatic transfer — First transfer date ___/___/___ — Amount $_____
___ **Stop** an existing automatic transfer — Last transfer date ___/___/___ — Amount $_____
___ **Change amount** of existing transfer — First transfer date ___/___/___ — Amount $_____

** To change account numbers, dates or frequency, STOP the existing transfer and complete another form to START a new transfer.*

Transfer To:

Account Type: *(choose one)* Checking # _____ Savings # _____
Smart Saver CD # _____ IRA Savings # _____
(All contributions are current year).

Account Holder: Name _____

Frequency: *(choose one)*
___ Monthly on the _____ (1-31) day of each month
___ Twice monthly on the 1st and 15th days
___ Every two weeks on _____ (Monday-Friday)
___ Weekly on _____ (Monday-Friday)

Transfer From:

Account Type: *(choose one)* Checking #_____ Savings #_____

Account Holder: Name _____

___ Check here if this account is not held at UW Credit Union. Attach a voided check and complete the section below.

Financial Institution Name _____

9- Digit Routing/Transfer # ___ ___ ___ ___-___ ___ ___ ___-___

Teller Number: _____

Transfer Record Number: _____

I am authorized to withdraw funds from the account listed above in the "Transfer From" section. I authorize UW Credit Union to initiate withdrawals from my account as indicated. I understand this authorization remains in effect until UW Credit Union receives notification from me at least 3 business days prior to the scheduled payment date. If notification is verbal, UW Credit Union requires written verification within at least 14 days of the verbal notice. I acknowledge receipt of an exact copy of this document.

Authorized Signature* _____ **Date** _____

(Signature of account holder from which funds are being withdrawn.)

** If the authorized signature is not the same account owner in the "Transfered To" section, your signature must be notarized below.*

Notary Required *(for transfers between accounts of unlike ownership)*

State of _____ County of _____

This instrument was acknowledged before me in _____ *(city)*

on the _____ day of _____, 20_____. *(affix seal here)*

Signature _____

My commission expires on _____

Return this completed form to: *UW Credit Union, Attn: Deposit Operations, P.O. Box 44963, Madison, WI 53744-4963*