



ELECTRONIC WITHDRAWAL / TRANSFER REQUEST FORM

Financial Institution: CALIFORNIA ADVENTIST FEDERAL CREDIT UNION
 Account Holder Name: _____
 Account Number: _____
 Transaction Amount: \$ _____

1. Withdrawal of Funds Method: Mail Check: _____
1. Check recipient name (if different from account holder/PRINT): _____
 2. Check recipient address (if different from account holder/PRINT): _____
2. Delivery of Funds Method: _____ USPS regular Mail
 _____ FEEDEX _____ I authorize the charges for this delivery method to be deducted from my savings account at CAFCU.
3. Transfer Funds Transaction:

From Account:

1. Account Name: (Print) _____
2. Joint Name: (Print) _____
3. Account Number: _____
 - a. Type of acct: _____
4. Member Signature: _____
5. Today's Date: _____

To account:

1. Account Name: (Print) _____
6. Joint Name: (Print) _____
7. Account Number: _____
 - a. Type of acct: _____
8. Member Signature: _____
9. Today's Date: _____

This form acknowledges the account holder's phone call funds withdraw and/or transfer transaction request as indicated above. The account holder further represents that "the transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature".

Signature

Date

For financial institution use only:

Instructions and processed by: _____

Date: _____ Time: _____