



California Adventist Federal Credit Union

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ELECTRONIC WITHDRAWAL/TRANSFER REQUEST

Financial Institution: **CALIFORNIA ADVENTIST FEDERAL CREDIT UNION**

Account Holder Name: _____

Account Number: _____

Transaction Amount: _____ \$

1. Withdrawal of Funds Method:

a. Check recipient name: _____

b. Check recipient address: _____

c. Delivery of Funds Method

i. ___ USPS Regular Mail

ii. ___ FEDEX (I _____, authorize the charges for this delivery method to be deducted from my savings account (01) at CAFCU.)

2. Transfer Funds Method:

a. From Account:

i. Account Holder: _____

ii. Joint Name (if applicable): _____

iii. Account Number: _____

1. Type of Account: _____

iv. Member Signature: _____

v. Today's Date: _____

b. To Account:

i. Account Holder: _____

ii. Joint Name (if applicable): _____

iii. Account Number: _____

1. Type of Account: _____

iv. Member Signature: _____

v. 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:

Transaction Processed by: _____

Date: _____ Time: _____