



**California Adventist Federal Credit Union**

1441 E. Chevy Chase Drive, P.O. Box 1109

Glendale, CA 91206

Phone (818) 246 - 7241

email: operations@sdacreditunion.com

**AUTOMATIC INTERNAL TRANSFER REQUEST**

**ACCOUNT FUNDS WILL BE TRANSFERED FROM:**

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_

This is to authorize automatic transfer of funds between shares, loans, and other accounts stated below. I understand funds should be in the account on due date in order for the transaction(s) to be done.

Effective Date: \_\_\_\_\_ Account Holder Initial: \_\_\_\_\_

	DONOR ACCT TYPE	RECIPIENT ACCT #	RECIPIENT NAME	AMOUNT	HOW OFTEN
1.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	
2.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	
3.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	
4.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	
5.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	
6.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 18 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 78 <input type="checkbox"/> Other: _____	#		\$	

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_