



# AUTOMATIC FUNDS TRANSFER / LOAN PAYMENT REQUEST FORM

New       Revision/Change       Cancel

## WITHDRAW FUNDS FROM: (ALL INFORMATION REQUIRED)

Name of Financial Institution (F.I.): \_\_\_\_\_  Savings  
 Checking

Name on F.I. Account: \_\_\_\_\_

Account Number at F.I.: \_\_\_\_\_

F. I. Routing Number: \_\_\_\_\_

Frequency (Circle One):

One-Time      Weekly      Bi-Weekly      Semi-Monthly      Monthly

Amount \$\*: \_\_\_\_\_ Begin/End Date\*\*: \_\_\_\_\_ Select Day of Week/Month: \_\_\_\_\_

**Minimum of 10 business days required for new, revisions or cancellations to begin. Amount not required for loan payments unless amount is more than regularly scheduled payment. Transfer of funds will occur on the following business day should your payment due date fall on a weekend or banking holiday.**

\* Must Equal Total Amount Below

\*\* End Date Required for Cancellations

**REQUIRED - Please attach a copy of voided check here**

## APPLY TO Rancho FCU (RFCU) as indicated:

Routing Number 322275144

RFCU Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

RFCU  Share  Loan # \_\_\_\_\_ - \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Rep/Date: \_\_\_\_/\_\_\_\_

RFCU  Share  Loan # \_\_\_\_\_ - \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Rep/Date: \_\_\_\_/\_\_\_\_

RFCU  Share  Loan # \_\_\_\_\_ - \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Rep/Date: \_\_\_\_/\_\_\_\_

Total: \$ \_\_\_\_\_

I authorize Rancho Federal Credit Union (RFCU) to initiate credit entries and, if necessary, debit entries for any credit entries made in error to my account (listed above). I authorize my financial institution (F.I.) to charge my account (listed above) for automatic funds transfer listed above. This authorization is to remain in full force and effect until RFCU has received a written notification from me of its termination and has reasonable opportunity to act on it (at least ten business days). I may authorize changes to the amount, transfer date, and account number when I notify you in writing. I agree to the terms and conditions set forth for my account and funds transfer services as contained in RFCU's Deposit Account Agreement and Truth-In-Savings Disclosure.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Union Use Only

EFT Rep: \_\_\_\_\_ User # \_\_\_\_\_ Date \_\_\_\_\_      Template Rep: \_\_\_\_\_ User # \_\_\_\_\_ Date \_\_\_\_\_