



NEW SHARE TO SHARE TRANSFER AUTHORIZATION

Transfer Funds From:

Transfer Funds To:

Account Name _____	Account Name _____
Account Number _____	Account Number _____
<input type="checkbox"/> Checking (9)	<input type="checkbox"/> Checking (9)
<input type="checkbox"/> Share Savings Suffix _____	<input type="checkbox"/> Share Savings Suffix _____
<input type="checkbox"/> Money Market Savings Suffix _____	<input type="checkbox"/> Money Market Savings Suffix _____
	<input type="checkbox"/> Loan Suffix _____
	<input type="checkbox"/> IRA (0)
	<input type="checkbox"/> Dedicated Savings _____

Transfer Date(s): Start Date: _____ ☐ Stop Date: _____ ☐ No Stop Date

☐ Monthly on date(s) _____

Weekly on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Bi-Weekly on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ 2nd, ☐ 3rd, ☐ 4th Wednesday of each month

Transfer Amount: \$ _____

Transfers are posted before opening of business on the designated dates. If the designated date falls on a Sunday or bank holiday, the transfer will be made before opening on the next business day. If the designated date is the 29th, 30th, or 31st and the payment falls at the end of a month with fewer days, the transfer will be completed on the last business day of the month.

If funds are not available, the transfer will not be posted again until next cycle date. Bi-weekly transfers will be posted three times in months where applicable. Transfers will not take the designated account below zero. Transfers will not take the Share Savings Suffix (1) below the minimum required deposit.

I authorize America First Federal Credit Union to make transfers from my account as designated, for credit to the account shown. I agree that I will not withdraw the funds in my account which are to be transferred for loan payment(s).

Member Signature

Date

AMERICA FIRST CREDIT UNION USE ONLY

Branch/Dept Number _____ Posted By _____ Date _____
Comments: _____

MBSTS

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