

Auto Transfer Request

Member Name: _____

Member Number: _____ Contact info: _____

(Enter phone number where you can be reached during the day)

This form is used for setting up recurring automatic transfers between Ontario Civil Service Credit Union Ltd. (The Credit Union) accounts only. Your request MUST be confirmed by The Credit Union staff before any transfers will be processed. You will receive telephone confirmation upon receipt. The Credit Union will not request personal financial information via email.

NOTE: The Credit Union will not be responsible for failed transfers due to insufficient funds on account.

Transfer Information:

Transfer From Member Number: _____

Transfer From Account type: _____ Sub Number: _____

(I.E. Chequing, Daily Interest Savings, High Interest Savings, Line of Credit)

Transfer To: same member joint member other member

(If transfer to same member, skip to "Transfer To Account type", otherwise complete ALL fields)

Transfer To Member Number: _____

Transfer To Member Name: _____

Transfer To Account type: _____ Sub Number: _____

(I.E. Chequing, Daily Interest Savings, High Interest Savings, Line of Credit, RSP Savings, Tax-Free Savings, Loan)

Please accept this document as my authorization to set up an auto transfer for the following:

Date of Transfer: (dd/mm/yyyy): ____/____/____

Transfer Frequency (monthly, semi-monthly, bi-weekly, weekly): _____

Transfer Amount: \$ _____

Transfer Expiry Date: (dd/mm/yyyy): ____/____/____

If no expiry date tick here

By sending this form I authorize Ontario Civil Service Credit Union Ltd. (The Credit Union) to debit my credit union account for the transfers as indicated above. I understand that The Credit Union is not responsible for verifying these transfers from my account. I will notify The Credit Union promptly in writing if I close or make other changes to my accounts. I may cancel this authorization at any time in writing to The Credit Union. However, I am still responsible for my contract obligations to The Credit Union.

Member Signature(s): _____

Date (dd/mm/yyyy) : ____/____/____

Member Service Representative Signature: _____

Date (dd/mm/yyyy) : ____/____/____