

VIRGINIA CREDIT UNION

Transfer Authorization

Please note: This form is intended for transfers between Virginia Credit Union accounts only.

Name _____ Daytime Phone (_____) _____

This is a: New request Cancellation Change*

Please indicate how often and when you would like to make the transfer(s):

Once a month on the _____ Date Twice a month on the _____ Date and _____ Date

I authorize Virginia Credit Union, Inc., to make the following transfer(s) beginning _____ Date.

TRANSFER FROM: Account Type: Checking Regular Savings Other _____

Account Number: _____
List Complete Account Number

This form replaces all Transfer Authorizations previously completed.

*List ALL amounts, not just the amounts to be changed.

TRANSFERTO:

Account Type	Account Number	Amount
TOTAL		

I understand and agree to the following terms and conditions: (1) if funds are insufficient to post a transfer, then on subsequent business days, VACU will make continuous attempts to post the transfer until it is completed; (2) transfers scheduled for a day that is a VACU holiday or weekend are re-scheduled for the first business day thereafter; (3) transfers only post from the account(s) indicated, provided the transfer would not exceed savings account limitations set forth by applicable regulations; (4) to cancel a transfer, you will notify us 5 business days prior to the scheduled transfer date; (5) funds transferred to an IRA are considered as deposits in the year in which the transfer is posted; and (6) VACU reserves the right to terminate your participation in this program or to even terminate the entire program.

If the transfer date falls on a weekend or VACU holiday, the transfer will be made on the first business day thereafter.

Signature _____ Date _____

Comments _____

Received by _____

Please call Member Services at (804) 323-6800 or (800) 285-6609 for assistance.

Return completed and signed form to:

**Virginia Credit Union
P.O. Box 90010
Richmond, VA 23225-9010**