

# AUTOMATED FUNDS TRANSFER AUTHORIZATION & AGREEMENT



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### AFT TRANSFER AUTHORIZATION & AGREEMENT

Automated Fund Transfers (AFT) allow you to easily set up, schedule, and maintain periodic payments to and from your ICCU accounts. Transfers can be made from one account to another, or even between different memberships and/or members. Loan payments, share-to-share transfers, and even Account-to-Account (A2A) transfers can be completely automated (*A2A authorization and agreement needed for this feature*).

<b>MEMBER INFORMATION</b>		
Member Name: _____		
Member Number: _____	Date: _____	
<b>TRANSFER INFORMATION</b>		
FOR MAIL REQUEST ONLY: 508 W. STATE STREET, SYCAMORE, IL 60178 ATTN: MEMBER SERVICES EMAIL: <a href="mailto:EBRANCH@MYICCU.ORG">EBRANCH@MYICCU.ORG</a> OR FAX TO: (815) 895-9925		
<b>REQUEST TYPE (CHECK ONE):</b> <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<b>EFFECTIVE DATE:</b> _____	<b>TRANSFER TYPE (CHECK ONE):</b> <input type="checkbox"/> Automatic Share Transfer  <input type="checkbox"/> Overdraft Protection Transfer Share/Line of Credit <sup>1</sup> <input type="checkbox"/> Auto Transfer for Loan Payment  <input type="checkbox"/> Account-to-Account Transfer (A2A) <sup>3</sup>  <input type="checkbox"/> IRA or HSA Transfer <sup>2</sup>
<b>FREQUENCY (CHECK ONE):</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	<b>DURATION:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Transfer Limit <input type="checkbox"/> End Date	
<b>TRANSFER AMOUNT:</b> <input type="checkbox"/> Regular Loan Payment <input type="checkbox"/> Custom Amount: <input type="checkbox"/> Pay the Loan in Full ( <i>credit cards &amp; lines of credit only</i> )		
<b>TRANSFER FROM ACCOUNT AND SUFFIX NUMBER<sup>1</sup>:</b> 1. <input type="checkbox"/> 3. <input type="checkbox"/>  2. <input type="checkbox"/> 4. <input type="checkbox"/>		<b>TRANSFER TO ACCOUNT AND SUFFIX NUMBER:</b> 1. <input type="checkbox"/> 3. <input type="checkbox"/>  2. <input type="checkbox"/> 4. <input type="checkbox"/>
<i>Last name of primary member on transfer to membership, if different from transfer from membership number:</i> _____		

**TERMS & CONDITIONS:** This signature authorizes the above transfer(s). I understand that it is my full responsibility to have funds available in the accounts and/or membership(s) listed above on the date of the transfer. I understand that the automatic transfer will continue until it is cancelled by me in writing. The written cancellation must be received by Illinois Community Credit Union at least one business day prior to the automatic transfer occurring for internal transfers and at least three business days for Account-to-Account (A2A) transfers. I understand that if the funds are not available or the funds cannot be transferred, I am solely responsible for any late charges and/or penalties that I may incur. Transfers of loan payments will attempt to be posted every day until the loan payment amount is satisfied and current.

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

1. *Overdraft Protection Transfer Share/Line of Credit can allow up to 4 accounts. Please identify which accounts, and in what order, you would like us to use.*
2. *IRA deposit/withdrawal transfers may require additional paperwork due to IRS rules and regulations. See an FSO for additional information and details.*
3. *See the Account-to-Account (A2A) Transfer Authorization & Agreement form for additional disclosures and limitations.*

<b>Office Use Only</b>	_____	_____	_____		_____
	Employee Name	CU*Base ID	Member SSN		Date