



SF Fire Credit Union

AUTOMATIC TRANSFER/PAYMENTS

MEMBER INFORMATION

| | | |
|-------------|--------------|----------------|
| Member Name | Phone Number | Account Number |
|-------------|--------------|----------------|

Please set up the following transfer from my San Francisco Fire Credit Union Account:

| | | | | |
|----------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| From | | | | |
| Account Number | | | | |
| Type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other: |
| _____ | _____ | _____ | _____ | _____ |

| | | | | |
|----------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| To | | | | |
| Account Number | | | | |
| Type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other: |
| _____ | _____ | _____ | _____ | _____ |

| | | |
|----------------------------------|-------------------------------|---|
| Schedule of Transfer | Amount of Transfer: \$ | _____ |
| Start Date: _____ | End Date: _____ | |
| <input type="checkbox"/> Weekly | Recur Every: _____ | Weeks (1-5) on _____ (Monday, Tuesday, etc) |
| <input type="checkbox"/> Monthly | Recur Every: _____ | (1-28 or last day) of every _____ Month(s) (1-12) |
| <input type="checkbox"/> Other: | _____ | |

Signature _____

Date _____

Please return to:
 San Francisco Fire Credit Union
 3201 California Street
 San Francisco, CA 94118
 Fax: (415) 674-4691
 Email: operations@sffirecu.org

For Credit Union Use Only

| | | | |
|---------------|-----------|----------------|------------------|
| Received Date | Teller ID | Completed Date | Authority Number |
|---------------|-----------|----------------|------------------|