CAROLINA COLLEGIATE FEDERAL CREDIT UNION

Automatic Transfer Request

Name	Member Number
Date	Contact Number
Start Date	☐ New ☐ Update ☐ Cancel

I authorize Carolina Collegiate Federal Credit Union to transfer funds from my account(s) as follows:

FREQUENCY: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly		
Transfer Amount: $	Transfer From *(account number)* :	
To Savings	Account # / Suffix #	$
To Checking	Account # / Suffix #	$
To Loan	Account # / Suffix #	$
To Other *(specify)* :	Account # / Suffix #	$
To Other *(specify)* :	Account # / Suffix #	$
	TOTAL:	$

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by Carolina Collegiate. The transfers will continue until I notify Carolina Collegiate in writing to cancel or update the transfer. Carolina Collegiate must receive the written request of cancellation or update seven (7) business days prior to transfer.

Signature Date

Signature Date

IN-OFFICE USE ONLY

Processed by _____ Date _____

Mail or deliver to:
4480 Rosewood Drive, Columbia, SC 29209
710 Pulaski Street, Columbia, SC 29201
University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303