

# Finger Lakes Health Care FCU Transfers

Member Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please choose one:

\_\_\_\_\_ Weekly (Fridays)

\_\_\_\_\_ Biweekly (Every other Wednesday before Arnot Payday)

\_\_\_\_\_ Monthly (10<sup>th</sup> of the month)

\_\_\_\_\_ Arnot Pension (1<sup>st</sup> of the month)

Transfer **from** account #: \_\_\_\_\_ ( \_\_\_\_\_ Checking **OR** \_\_\_\_\_ Savings)

Amount\$ \_\_\_\_\_

Transfer **to** the following account(s):

Savings Account # \_\_\_\_\_ Amount \_\_\_\_\_

Savings Account # \_\_\_\_\_ Amount \_\_\_\_\_

Savings Account # \_\_\_\_\_ Amount \_\_\_\_\_

Savings Account # \_\_\_\_\_ Amount \_\_\_\_\_

Savings Account # \_\_\_\_\_ Amount \_\_\_\_\_

Checking Account # \_\_\_\_\_ Amount \_\_\_\_\_  
(please include check digit)

Club Account # \_\_\_\_\_ Amount \_\_\_\_\_

Please complete this form each time you would like to make a change or stop transfers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by:

Initials \_\_\_\_\_

Date \_\_\_\_\_