

Finger Lakes Health Care FCU Transfers

Member Name: _____ Effective Date: _____

Please choose one:

_____ Weekly (Fridays)

_____ Biweekly (Every other Wednesday before Arnot Payday)

_____ Monthly (10th of the month)

_____ Arnot Pension (1st 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 _____