

**Finger Lakes Health Care FCU
Recurring Transfers**

Member Name: _____ Effective Date: _____

Please choose one:

_____ Weekly (220 - Fridays)

_____ Biweekly Wednesday (210 - Every other Wednesday before AOMC Payday)

_____ Monthly (200 - 10th of the month)

_____ Biweekly-Friday (104 – Every other Friday, day after AOMC Payday)

_____ Twin Tiers Women’s Health Team (250 – Every other Wednesday before AOMC Payday)

_____ Arnot Pension (230 - 1st of the month)

_____ AOMC (003 – Every other Thursday)

_____ Other (Please use this box for any employer not listed above)

Employer Name: _____ Pay Frequency: _____

I request the FLHC FCU transfer funds between the accounts as listed below. I understand that to change or stop these transfers, I must contact the credit union at least 10 days prior to the transfer date.

Please transfer \$ _____ from Account #: _____ and disburse it to the following accounts: (Circle Checking OR Savings)

Savings Account #: _____ Amount _____

Savings Account #: _____ Amount _____

Savings Account #: _____ Amount _____

Savings Account #: _____ Amount _____

IRA Account #: _____ Amount _____

Checking Account #: _____ Amount _____

Club Account #: _____ Amount _____

Signature _____ Date _____

Received by:
Initials: _____
Date: _____
Is this New?: _____