



# Internal Transfers and Payments

(Make transfers or loan payments between your CSLA-FCU accounts, or when your Direct Deposit occurs)

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

**This form is for Credit Union use. Do not provide this form to your payroll office.** This form is used to record your preferences for transfers between your CSLA-FCU accounts. You can make changes at any time as your needs change by submitting a new form to the Credit Union at least 7 days or one pay period (for Direct Deposit) before changes are to take effect.

Start     Stop     Change (Describe: \_\_\_\_\_)

Name:		Acct #:
Email Address:		
Primary Phone:	Cell:	Work:

I authorize Cal State L.A. FCU to electronically credit my account (and if necessary to electronically debit my account to correct erroneous credits) I agree that the transactions I authorize comply with all applicable law.

**Please make a payment or transfer to the loans or other accounts indicated below on the following schedule (check one):**

On the following day(s): \_\_\_\_\_     On my payment due date(s)     When my Direct Deposit is received.

*If the selected day or due date is not a business day, the transfer will occur on the following business day. Please note: funds must be available for your transfer to occur. For Direct Deposit, I understand payment(s) will occur each time I receive a Direct Deposit from this employer.*

Account Type	Account # or Suffix	Amount
Checking		
Savings		
Other: _____		
Total		

OR  From my Direct Deposit. Employer: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

**To**

Account Type	Account # or Suffix	Amount
Auto Loan		
Personal Loan/LOC		
CSLA-FCU Visa	<input type="checkbox"/> Min. payment <input type="checkbox"/> Full Bal.    OR <input type="checkbox"/>	
Other: _____		
Savings		
Holiday Saver		
Total		

**If Direct Deposit:** Place any remainder in my  Checking  Savings  Other: \_\_\_\_\_

Notes:

*You can split your transfers between your checking, savings and loan accounts and other accounts at the credit union. Please note that if the amount available is insufficient to cover all of the payments indicated above, we may at our discretion credit partial payments.*

I understand that this authorization will remain in full force and effect until I notify Cal State L.A. Federal Credit Union in writing by mail at 2445 Mariondale Avenue, Los Angeles CA 90032 that I wish to revoke this authorization. I understand Cal State L.A. Federal Credit Union requires at least 7 days prior notice in order to cancel this authorization. I hereby authorize Cal State L.A. Federal Credit Union to make the payments or transfers above on my due date(s), the date(s) specified or when my Direct Deposit is received. I represent that I am authorized to execute this authorization and I indemnify and hold harmless CSLA-FCU from damage, loss or claim resulting from my instruction above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions about filling out this form? Please call 323-505-2600x103.