

Member Signature: ___

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

2445 Mariondale Ave, Los Angeles, CA 90032

Internal Transfers and Payments

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

This for 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 De	eposit) before change	are to take effect.					
				Action			
□Start	□Stop	Change: □I	Date	□Amount	□Other		
Member Information							
Name:	lame: Acct #:						
Email Address:							
Home Phone:	Cell:			Work:			
that the transactions	s I authorize comply v	ith all applicable law.				y account to correct erroneous credits) I agree lowing schedule (check one):	
☐On the followin	🗖 On my pay	□On my payment due date(s):			□When my Direct Deposit is received.		
		day, the transfer will occui ur each time I receive a Dii				ds must be available for your transfer to occur. For	
From							
Ac	Д	Account Number & Suffix (example: 1111111-A)			Amount		
(Checking						
	Savings						
Other:							
Total \$							
OR From my Direct Deposit. Employer:					Pay So	chedule:	
				То			
Ac	count Type	Д		t Number & xample: 1111111-A)	Suffix	Amount	
Д	uto Loan						
Perso	nal Loan/LOC						
Но	liday Saver						
N	Mortgage						
	Savings						
Other:							
					Total	\$	
Notes:							
		checking, savings and l indicated above, we m				edit union. Please note that if the amount available s.	
2445 Mariondale A requires at least 7 payments or trans	Ave, Los Angeles, Ca days prior notice ir fers above on my d	A 90032 that I wish to order to cancel this ue date(s), the date(o revol autho s) spec	ke this authori rization. I here cified or when	zation. I understa by authorize Cal my Direct Depos	A. Federal Credit Union in writing by mail at and Cal State L.A. Federal Credit Union State L.A. Federal Credit Union to make the it is received. I represent that I am authorized or claim resulting from my instruction above.	

Date: _

Revised 9/4/2018