



Phone: 407-835-3500
Fax: 407-841-7934
www.orlandofcu.org

Automatic Transfer Request Form

Name on Account: _____ Date: _____

AUTOMATIC LOAN TRANSFER REQUEST

I elect to make _____ automatic transfers to Loan ID # _____ in the amount of \$ _____ with the first transfer beginning on _____.

Monthly Loan Payment: \$ _____ Automatic Loan Transfer Amount: \$ _____

(FROM) Account Number: _____ Share ID #: _____

(TO) Account Number: _____ Loan ID #: _____

Expiration Date: _____ (if applicable)

AUTOMATIC SHARE TRANSFER REQUEST

I elect to make _____ automatic transfers to Share ID # _____ in the amount of \$ _____ with the first transfer beginning on _____.

(FROM) Account Number: _____ Share ID #: _____

(TO) Account Number: _____ Share ID #: _____

Expiration Date: _____ (if applicable)

I acknowledge by signing below that the requested automatic share/loan transfer(s) will remain in effect as scheduled above until written notice of cancellation is received by Orlando Federal Credit Union.

Member Signature _____ Date: _____

Home Phone Number: _____ Work Phone Number: _____

**CREDIT UNION
USE ONLY**

Transfer Record Created by: User ID #: _____ Initials _____

Transfer Record Verified by: User ID #: _____ Initials _____

Office Locations

1117 S. Westmoreland Drive * 2150 S. Semoran Boulevard. * 4500 S. John Young Parkway * 2500 W. Colonial Drive * 400 S. Orange Ave.
753 N. Alafaya Trail * 1662 West Orange Blossom Trail * 7455 W. Colonial Drive (CU Service Center)