United Catholics Federal Credit Union

160 E College Street, Covina, CA 91723
PH: (626) 974-4447, Fax: (626) 974-4473
ucfcu@unitedcatholicsfcu.org

Automatic Payment Transfer
(PTOF)

Member Account # _____   Member Name: _____

Transfer Funds From

☐ Savings (Shares)   ☐ Checking (Share Draft)

☐ I have Direct Deposit from (Company Name) _____ deposited
to United Catholics FCU and would like transfers from my direct deposit.

Transfer Frequency

Transfer is to begin on _____ (Payment may be transferred at end of business day)
MM/DD/YY

Transfer frequency: ☐ Weekly   ☐ Bi-Weekly   ☐ Semi-Monthly   ☐ Monthly

LOAN PAYMENT TRANSFER

☐ Loan	Account # _____	Suffix# _____	Amount $ _____	
☐ Loan	Account # _____	Suffix# _____	Amount $ _____	
☐ Loan	Account # _____	Suffix# _____	Amount $ _____	

VISA PAYMENT TRANSFER (Note: Payment may vary depending on Visa Balance)

☐ Visa	Account # _____	Suffix# _____	Amount $ _____	or	☐ Amount Due
☐ Visa	Account # _____	Suffix# _____	Amount $ _____	or	☐ Amount Due

Other Transfers

☐ Checking Account# _____	Suffix# _____	Amount $ _____
☐ Savings Account # _____	Suffix# _____	Amount $ _____
☐ Savings Account # _____	Suffix# _____	Amount $ _____
☐ Money Market Account # _____	Suffix# _____	Amount $ _____
☐ Christmas Club Acct# _____	Suffix# _____	Amount $ _____

I/we understand that I/we have the right to stop automatic payments by notifying United Catholics Federal Credit Union in writing (30) days prior to the time my (our) account is charged. I (we) authorize adjustment entries in the event of erroneous transactions on my (our) account. This authority is to remain in full force and effect until United Catholics Federal Credit Union has received written notification from me (us) of its termination in such a time and manner to afford United Catholics Federal Credit Union a reasonable time to act upon it. This authorization is subject to United Catholics Federal Credit Union's Electronic Funds Transfer Agreement and Disclosure (located in the Truth-in-Savings Disclosure--print copy for your records located under Resource Tab/Forms). The payment transfer will not overdraft. The payment transfer will be taken when funds are available (up to 12 tries).

Member Signature: X _____   Date: _____

Credit Union Use Only: Employee Signature: _____   Date Input: _____