



California Adventist Federal Credit Union

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**ELECTRONIC WITHDRAWAL/TRANSFER REQUEST**

Financial Institution: **CALIFORNIA ADVENTIST FEDERAL CREDIT UNION**

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transaction Amount:\$ \_\_\_\_\_

**1. Withdrawal of Funds Method:**

a. Check recipient name: \_\_\_\_\_

b. Check recipient address: \_\_\_\_\_

c. Delivery of Funds Method

i. \_\_\_ USPS Regular Mail

ii. \_\_\_ FEDEX ( I \_\_\_\_\_, authorize the charges for this delivery method to be deducted from my savings account (01) at CAFCU. )

**2. Transfer Funds Method:**

a. From Account:

i. Account Holder: \_\_\_\_\_

ii. Joint Name (if applicable): \_\_\_\_\_

iii. Account Number: \_\_\_\_\_

1. Type of Account: \_\_\_\_\_

iv. Member Signature: \_\_\_\_\_

v. Today's Date: \_\_\_\_\_

b. To Account:

i. Account Holder: \_\_\_\_\_

ii. Joint Name (if applicable): \_\_\_\_\_

iii. Account Number: \_\_\_\_\_

1. Type of Account: \_\_\_\_\_

iv. Member Signature: \_\_\_\_\_

v. Today's Date: \_\_\_\_\_

This form acknowledges the account holder's phone call funds withdraw and/or transfer transaction request as indicated above. The account holder further represents that "the transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Financial Institution Use Only:**

Transaction Processed by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_