

Authorization to Transfer from Another Financial Institution to Wings (ACH Debit)



This form must be received by the Electronic Payments Department a minimum of **5 business days** before a transfer can be setup, canceled or changed. Please note, a one-time transfer fee of \$30 will be assessed if this authorization is cancelled after only one transfer. Wings offers other options to initiate a one-time transfer, including external transfers and One-Time Loan Payments. Fees may apply. See wingscu.com for additional information.

Outgoing ACH External Transfer Limits are as followed: \$2,500 Daily and \$6,000 Monthly

Return completed form to: Wings Credit Union
Electronic Payments Department
14985 Glazier Avenue
Apple Valley, MN 55124

Member Information

Name _____ Wings ID _____

ACH Transfer Information

Check one:

Setup Cancel Change (Select all that apply to right)

Amount _____

First Transfer Date (First day the funds will be transferred into Wings account) _____

Last Transfer Date (Last day the funds will be transferred into Wings account) _____

ACH Changes:

Amount Date Frequency Account Information

Frequency:

Weekly (every 7 days) Monthly (last day of month)
 Bi-Weekly (every 14 days) Monthly (any day but last day): _____
 Semi-Monthly (1st & 15th)

Financial Institution to be Withdrawn

Name on Account _____ Name of Financial Institution _____

Routing Number _____ Account Number _____ Checking (**Attach voided check**) Savings

Signature of Account Holder to be Debited _____ Date _____

Wings Account to be Deposited

Name on Account _____ Account Number _____ Checking Savings Loan

Agreement & Signature

Wings will credit my account on the effective date of the transaction.

Unless an end date is indicated above, this Authorization will remain in full force and effect until Wings has received oral or written notification from me of its termination, with the exception of payments to loans which will stop when the loan has been paid in full. I must notify Wings of the termination at least **5 business days** prior to the next transfer date. I agree that I shall indemnify and hold harmless Wings from and against any and all claims, demands, losses, causes of action, and liability from this Authorization.

Signature of Wings Account Holder _____ Date _____

CU Use Only:

Transfer Record _____ Completed By _____ Date _____