



PRE-AUTHORIZED TRANSFER REQUEST:

Please establish the following recurring transfers until I provide notice to stop.

From another financial institution to State Credit Union
Complete this form, including the Authorization section and fax to 803-454-8044 along with a voided check from the account you wish to debit.

Transfer from institution name: _____ Routing number: _____

Amount to transfer: \$ _____ Start Date: _____ (Month, Day and Year*)

Frequency** : ____ weekly on same day as start ____ monthly on same date as start ____ semi-monthly (1st & 15th) ____ semi-monthly (15th and end of month)

Transfer from Account #: _____ Account type: (savings, checking, etc.) _____

Transfer to SCU Account #: _____ Account type: _____

*If your transfer date falls on a weekend or holiday, the transfer will be initiated on the following business day. **We can handle other frequency options. Contact us for more information. NOTE: Any excess money from final loan payments will be deposited into the main savings account.

I authorize SC State Credit Union to initiate debit entries to my account listed above, and I request and authorize the financial institution named above to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law, including OFAC regulations. I understand that the credit union may impose a fee if the pre-authorized transfer (debit entry) is not paid by my financial institution. I understand that after 3 consecutive NSF returns, SC State Credit Union will delete this transfer request from my account. In addition, we will immediately stop the transfer request after a stop payment, unable to locate or closure situation.

Authorized Signature(s) _____ Date _____

From one State Credit Union account to another State Credit Union account
Complete this form, including the Authorization section below and fax to 803-454-8044.

Amount to transfer: \$ _____ Start Date: _____ (Month, Day and Year*)

Frequency** : ____ weekly on same day as start ____ monthly on same date as start ____ semi-monthly (1st & 15th) ____ semi-monthly (15th and end of month)

Transfer from SCU account #: _____ Account type: (savings, checking, etc.) _____

Transfer to SCU Account #: _____ Account type: (savngs, loan, etc.) _____

*If your transfer date falls on a weekend or holiday, the transfer will be initiated on the following business day. **We can handle other frequency options. Contact us for more information.

Authorization (Your signature required here for all transfers)

Your name: _____ eMail: _____

Address: _____

City : _____ State: _____ Zip: _____ Daytime phone (_____) _____

Authorized Signature(s) _____ Date _____

Fax form to: 803-454-8044. We will contact you to confirm that your transfer has been established. If you have not heard from us within 5 business days, please call 800-868-8740, option 5. Please do not assume your transfer(s) have been established until we have contacted you. Watch your accounts carefully during this time to confirm that transfers and payments are made on time.

If you have any questions, please contact us at 800-868-8740, (803-343-0300) option 5.

For Credit Union Use: _____ Date _____
SCSCU-20A (12/08) Employee: _____