

# SCHEDULED TRANSFER REQUEST

JSC Federal Credit Union  
P.O. Box 58346 • Houston, Texas 77258  
281.488.7070 • www.jsfcu.org



This form may be used if you would like to set up or change a scheduled transfer from your JSC FCU account to another JSC FCU account.

## INSTRUCTIONS

- Fill out the form completely when starting a new payment.
- Fill out the form completely when canceling a payment.

## WHERE DO I SEND MY COMPLETED FORM?

- Return the completed form to any JSC FCU branch
- Fax the form to 281.488.5116, Attn: Accounting Department
- If eSigning this document, follow the DocuSign procedures.

## QUESTIONS

Contact: Accounting Department  
Phone: 281.488.7070  
Fax: 281.488.5116

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**New**     **Change**     **Delete**

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Member #: \_\_\_\_\_ Branch #: \_\_\_\_\_

I/We hereby authorize you to deduct total of \$ \_\_\_\_\_ from my Share/Checking account # \_\_\_\_\_ to be transferred to other accounts.

I/We understand that it is my total responsibility to have the funds available in the account by the due date of the scheduled transfer. The scheduled transfer will not overdraft.

I/We understand that if the funds are not available, and this transfer is for a loan payment, JSC FCU is not responsible for any late charges or penalties that may incur.

## COMMENCING/START DATE

and each following (check one):  1. WEEKLY     4. QUARTERLY     7. FOUR WEEK  
 2. BI-WEEKLY     5. SEMI-ANNUAL     8. BI-MONTHLY  
 3. MONTHLY     6. YEARLY     9. SEMI-MONTHLY

UNTIL (FINAL PAYMENT, IF ANY) \_\_\_\_\_ (TWICE MONTHLY)

FROM ACCOUNT # \_\_\_\_\_ 1st Date: \_\_\_\_\_

TRANSFER AMOUNT \_\_\_\_\_ 2nd Date: \_\_\_\_\_

TO ACCOUNT # \_\_\_\_\_

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

### Internal Use Only

CANCEL \_\_\_\_\_ ALTER \_\_\_\_\_ AUTHORITY NO \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OPERATOR # \_\_\_\_\_