



**Minnedosa Credit Union**

**Pre-authorized Transfer Form**

*Fax to: 204-867-6391 or drop off in Branch*

**Use this form when transferring between more than 1 account at Minnedosa Credit Union**

**Transfer From: (Payor Information)**

Purpose of Transfer: \_\_\_\_\_

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

Amount of Transfer: \_\_\_\_\_ Transaction Code: \_\_\_\_\_

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Transfer To: (Payee Information)**

Transaction Code:	Account Number:	Amount to Transfer In:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We hereby request that Minnedosa Credit Union Limited to process a regular automatic transfer of funds detailed above and understand that a charge may be levied for this service.

I/We further agree to hold the Minnedosa Credit Union Limited free of liability in the event that the Minnedosa Credit Union fails to make a transfer as requested hereby or makes a transfer contrary to this request, provided such errors occur through inadvertence or accident.

\_\_\_\_\_  
Signature of Payor Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Payor Account Holder

\_\_\_\_\_  
Date

Internal Use Only	Keyed: _____	Verified: _____
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