



**Pre-authorized Transfer Form**

**Use this form when transferring between more than 1 account at Rosenort 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 Rosenort Credit Union Limited to process a regular automatic transfer of funds as detailed above and understand that a charge may be levied for this service..

I/we further agree to hold the Rosenort Credit Union Limited free of liability in the event that the Rosenort Credit Union Limited 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