



This form was sent by:

 HEFCU Employee Name
 OR
 Retrieved from web

ACH TRANSFER CONFIRMATION

confirmed

INSTITUTION/DEPOSITORY NAME: _____

INSTITUTION TRANSIT/ABA NUMBER: _____

INSTITUTION ACCOUNT NUMBER: _____

NAME and ADDRESS ON ACCOUNT: _____

A copy of your current driver's license must accompany this form

DL Incl _____

INSTITUTION ACCOUNT TYPE (i.e., Checking, Savings, etc.): _____

AMOUNT: _____

MEMBER NAME: _____

MEMBER ACCOUNT NUMBER: _____

MEMBER SIGNATURE: _____

MEMBER PHONE NUMBER: _____

DATE: _____

**This form must be faxed at the time of each ACH transfer to:
 (609) 275-4194**

- Please note that there is a non-refundable \$5.00 origination fee.
- ACH transfers will post to the receiving institution within 48 business hours.
- All ACH transfer confirmations received after 3:00pm will be initiated the following business day.

Call Back Verification (For Internal Use Only):

 Supervisor Signature (if over \$5,000)

Date _____	Time _____	Phone Number _____	MSR Name _____	Logged _____
OWQ? _____				(specify)