

**Fund accounts automatically to or from your Provident account or another institution.**

- Complete and sign the form.
- Mail to the address above (attention: Account Services), fax\* to (650) 508-0619, or stop by any Provident community branch. **Please allow 10 business days to process after receipt.**

**TRANSFER FROM:**

**A** Provident Credit Union  Savings  Checking  
Account Number \_\_\_\_\_

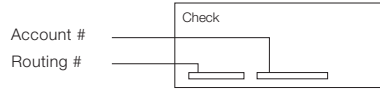
OR

**B** \_\_\_\_\_  
↑ External Financial Institution Name (see required documents)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  Savings  Checking

Check with your financial institution for your local routing number. If you have checks, the routing number is located at the bottom between the **⦿** symbols.



**TRANSFER TO:**  Checking  Savings  Money Market

**C** Provident Credit Union **\$** \_\_\_\_\_  
Account Number \_\_\_\_\_ Amount\*\*

One time  Monthly  Twice a month  Weekly \_\_\_\_\_  
Start Date\*\*\* Second Transfer Date (twice/month)

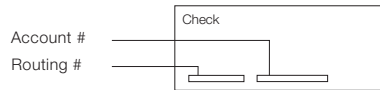
OR (Transfers must be from a Provident account and **cannot be sent directly to loans** when transferring funds to another financial institution.)

**D** \_\_\_\_\_ **\$** \_\_\_\_\_  
↑ External Financial Institution Name (see required documents) Amount\*\*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  Savings  Checking

Check with your financial institution for your local routing number. If you have checks, the routing number is located at the bottom between the **⦿** symbols.



One time  Monthly  Twice a month  Weekly \_\_\_\_\_  
Start Date\*\*\* Second Transfer Date (twice/month)

\*\* The daily limit is \$5,000, and the 30 day rolling limit is \$10,000. \*\*\* If the transfer date falls on a holiday or weekend, the funds will post on the business day after your scheduled day. Transfers will continue until you request to have them stopped.

**PERSONAL INFORMATION**

Member Number (existing members) \_\_\_\_\_

↑ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security/Tax Identification Number \_\_\_\_\_ I.D./Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**SIGNATURE**

By signing below, I authorize Provident Credit Union to transfer funds from my account at Provident or at the financial institution indicated above, and send credit entries to my account at Provident or at the financial institution indicated above. I agree to the terms and conditions as disclosed on the right. This transfer will be completed electronically and takes approximately 10 business days for the initial transfer to complete. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.

\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

**X** \_\_\_\_\_  
Signature Date

**Select One:**

- New  Revision  Cancel

**Initial Deposit Requirements:**

- New memberships require a minimum \$5 initial deposit in a Membership Savings account).
- Checking accounts require a minimum \$25 initial deposit and must have funds on deposit if ordering checks.
- For all other accounts, see rate sheet.

**External Account Required Documents:**

**If transferring from checking:** Provide a copy of a voided check or statement from the external institution.

**If transferring from savings:** Provide a copy of your savings deposit slip or statement or statement from the external institution.

**Terms and Conditions:**

**Funds availability:** Funds must be available two (2) business days prior to actual transfer date. Please ensure that sufficient funds are available in your account to complete this transfer request. If the requested amount is not available, the transfer will not be completed. Provident will attempt this transfer again on the next business day.

There may be a fee assessed for any returned ACH (Automated Clearing House) transaction. Please review the Service Charge Schedule for details.

**For a one-time transfer:** If funds are still not available after the second attempt, the transfer will be cancelled.

**For recurring transfers:** If funds are still not available after the second attempt, a transfer will take place on your next scheduled transfer date.

This authorization will remain in effect until you notify Provident in writing to cancel. Please allow at least three (3) business days prior to your scheduled transfer date as to afford Provident or the financial institution named a reasonable opportunity to act on your request.

ACH transactions might be discontinued after two consecutive NSF (Non-Sufficient Funds) transactions. Returned items will not be resubmitted.