



AUTHORIZATION TO TRANSFER TO ANOTHER FINANCIAL INSTITUTION FROM WINGS (ACH CREDIT)

This form must be received by the Electronic Payments Department a minimum of **5 business days** before a transfer can be setup, canceled or changed. Please note, a one-time transfer fee of \$30 will be assessed if this authorization is cancelled after only one transfer. Wings offers other options to initiate a one-time transfer, including wire transfers, external transfers and Bill Payer. Fees may apply. See www.wingsfinancial.com for additional information.

Name:

Wings ID:

CHECK ONE:

Setup

Cancel

Change: *(select all that apply)*

Amount Date Frequency Account Info

Amount:

Transfer Record (CU Use only):

Frequency:

Weekly (every 7 days)

Bi-Weekly (every 14 days)

Semi - monthly (1st & 15th)

Monthly - last day of month

Monthly (any day but last day)

First Transfer Date*:

Last Transfer Date**:

*First day the funds will be transferred out of Wings account

** Last day the funds will be transferred out of Wings account

Wings Account to be withdrawn:

Checking

Savings

Account Number:

Financial Institution to be deposited:

Name on Account:

Name of Financial Institution:

Routing Number:

Account Number:

Checking (**attach voided check**) Savings

SIGNATURE OF ACCOUNT HOLDER : _____ Date _____
(to be debited)

Wings will place a hold on the funds one business day prior to the effective transaction date to ensure the credit is received on a timely basis.

Unless an end date is indicated above, this Authorization will remain in full force and effect until Wings has received written notification from me of its termination. I must notify Wings of the termination at least **5 business days** prior to the next transfer date. I agree that I shall indemnify and hold harmless Wings from and against any and all claims, demands, losses, causes of action, and liability from this Authorization.

Signature of Wings Financial Account Holder

Date

Return completed form to: Wings Financial Electronic Payments Department
14985 Glazier Ave
Apple Valley, MN 55124

Completed By: _____