

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

Outgoing ACH External Transfer Limits are as followed: \$2,500 Daily and \$6,000 Monthly

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) Semi - monthly (1st & 15th) Monthly (any day but last day) | | Bi-Weekly (every 14 days) Monthly - last day of month | |
| First Transfer Date*: *First day the funds will be transferred out of Wings accounts. | | | Last Transfer Date**: ccount ** Last day the funds will be transferred out of Wings account | |
| Wings Account | to be withdi | awn: | | |
| Checking | Savings | Account N | umber: | |
| Financial Instit | ution to be o | deposited: | | |
| Name on Accou | nt: | | | |
| Name of Financi | al Institution | : | | |
| Routing Number: | | | Account Number: | |
| | | | Checking (attach voided check) Savings | |
| SIGNATURE OF ACCOUNT HOLDER :(to be credited) | | | Date | |
| Wings will will p | | | business day prior to the effective transaction date to ensure the credit | |
| oral or written no prior to the next | otification fro transfer date | om me of its terr e. I agree that I s | uthorization will remain in full force and effect until Wings has received nination. I must notify Wings of the termination at least 5 business days hall indemnify and hold harmless Wings from and against any and all d liability from this Authorization. | |
| Signature of Wir | ngs Financial | Account Holde | - Date | |
| Return completed form | 1 4 985 Gl | nancial Electronic Pay azier Ave Iley, MN 55124 | rments Department Completed By: | |