



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

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 external transfers and One-Time Loan Payments. 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*:

*First day the funds will be transferred into Wings account

Last Transfer Date**:

** Last day the funds will be transferred into Wings account

Financial Institution to be withdrawn:

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 Account to be deposited:

Checking Savings Loan Account Number:

Name on Account:

Wings will credit my account on the effective date of the transaction.

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, with the exception of payments to loans which will stop when the loan has been paid in full. 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: _____