

Questions? Call us! **Albany:** 518.456.1611 or **Troy:** 518.286.1611



Continuous Transfer Elect Form

Complete this form, then print it, sign it and return to a credit union branch either in person, by fax to 518-286-2778, or mail to NextStep FCU, 150 Defreest Drive, Troy, NY 12180.

MEMBER NAME

MEMBER NUMBER

TRANSFER EFFECTIVE DATE

TRANSFER END DATE

Frequency (circle one) 1x / Daily / Weekly / Bi-Weekly / Semi-Monthly / Monthly

AMOUNT

SHARE TYPE

TO MEMBER ACCOUNT #

SHARE TYPE

NUMBER OF DAYS ATTEMPTED IF NO FUNDS

TRANSFER PRIORITY (IF MULTIPLE TRANSFERS)

MEMBER SIGNATURE

DATE

REQUEST RECEIVED

Teller Stamp and Initials Here:

TELLER INITIALS

TERMINATION OF CONTINUOUS TRANSFER

MEMBER SIGNATURE

EFFECTIVE DATE

COMPLETED BY (MSR INITIALS)

DATE COMPLETED



Continuous Transfer Elect Form Instructions

Please Note: A separate form is required for each transfer request

1. Fill in your MEMBER NUMBER and NAME
2. Fill in the EFFECTIVE date – when you want the first transfer to occur
3. Fill in the END date – or leave blank and this will continue until you notify us in writing to stop
4. Circle the FREQUENCY – how often you want this transfer to occur
5. Fill in the dollar AMOUNT of the transfer
6. Fill in the SHARE TYPE the transfer is coming out of (see the chart below for a list of share types and their descriptions)
7. In the TO MEMBER # field write SAME if this transfer is being completed within the same member number that is listed at the top of this form and fill in the SHARE TYPE the transfer is going to (see the chart below for a list of share types and their descriptions); OR if this transfer is going to a DIFFERENT member number write in the member # and fill in the SHARE TYPE the transfer is going to (see the chart below for a list of share types and their descriptions)
8. Fill in the NUMBER OF DAYS attempted if no funds are available (standard number of days is 3) – if using the standard, our system would attempt your transfer for up to 3 days if funds are not available in the account at the time of the first attempt
9. Fill in the TRANSFER PRIORITY – if you are completing more than 1 transfer elect form, you can designate the order in which the transfers are to be completed
10. Sign the form and return to a Credit Union branch either in person, by fax to 518-286-2778 or by mail to: School Systems FCU, 150 Defreest Drive, Troy, NY 12180

Share Types

Regular Share Savings	01
Summer Share Savings	02
Vacation Share Savings	04
Money Market Savings	06
Holiday Club Savings	10
IRA Share Savings	71
Share Draft Checking	75
Money Market Statement (Checking)	76
Smart Start Shecking	77
Premium Checking	78
Roth IRA Share Savings	81
Edcuation IRA Share Savings	83