ACH TRANSFER PAY BY PHONE FORM

Name/Address of Institution From Which Funds Are To Be Taken:

Bank Name _____

Bank Address _____

_____

9 Digit Bank Routing/ABA Number _____

Account # at Bank _____ Savings/Checking Account (Circle One)

Amount to be sent: $_____

Member Name on Account _____

Viriva Account Number _____ Savings/Checking Account (Circle One)

Member's Phone #: _____

Date: _____

This Section To Be Completed By Credit Union

Signature of Staff Member Processing Request : _____

Date Processed: _____

Amount: $_____