INFINITI CO-OP. CREDIT UNION JA. LTD.

Request for ACH or RTGS Transfer

Branch: ◯ Church Street ◯ Fairview ◯ Falmouth ◯ Harbour Circle ◯ Linstead
◯ Lucea ◯ Mandeville ◯ Old Harbour ◯ Oxford Terrace ◯ Portmore
◯ Spanish Town ◯ UWI ◯ UTECH

TRANSACTION DETAILS

DATE	TIME	TRANSACTION AMOUNT	CURRENCY	TRANSACTION TYPE:
		$	JMD	☐ ACH ☐ RTGS

MEMBER DETAILS

SURNAME	FIRST NAME	MIDDLE NAME(S)	◯ MR. ◯ MRS. ◯ MS. ◯ OTHER

CURRENT ADDRESS

EMAIL ADDRESS	HOME #	MOBILE #

MEMBER NUMBER	ACCOUNT TYPE	ACCOUNT NAME	PURPOSE OF TRANSFER

BENEFICIARY DETAILS

SURNAME	FIRST NAME	MIDDLE NAME(S)	◯ MR. ◯ MRS. ◯ MS. ◯ OTHER

CURRENT ADDRESS

BENEFICIARY ACCOUNT NUMBER	DESTINATION ACCOUNT TYPE
INSTITUTION NAME	INSTITUTION BRANCH

MEMBER SIGNATURE

I, _____, hereby confirm that the information completed above is correct and as such Infiniti Co-operative Credit Union Jamaica Limited will not be held responsible for any errors or omissions in the information provided, nor for any consequential transfer of funds to any account which is incorrect. I agree to pay the applicable fee associated with this service. Any funds transferred to an incorrect bank account resulting from the information provided will be recalled on a best-effort basis and the commercial bank's service charge will apply.

_____ _____

MEMBER'S SIGNATURE DATE

FOR CREDIT UNION USE ONLY

TRANSACTION REFERENCE NUMBER	TRANSACTION CHARGE AMOUNT	TOTAL AMOUNT
	$	$
PREPARED BY:	**CHECKED BY:**	**APPROVED BY:**
_____	_____	_____