

**AUTOMATIC TRANSFER
AUTHORIZATION**

Member/Owner:

Member Number:

Start Date:

I authorize the Credit Union to transfer funds from my account(s) with the following frequency:

Monthly

1st 5th 10th 15th 20th 25th Last Business Day

Total Amount to Transfer: \$

From Suffix No:

Distribution:

Amount: \$ To: Savings/Share Checking/Draft Loan Acct. No./Suffix:

Amount: \$ To: Savings/Share Checking/Draft Loan Acct. No./Suffix:

Amount: \$ To: Savings/Share Checking/Draft Loan Acct. No./Suffix:

Note: For an open-end loan or credit card payment, if "P" is put for the amount, the minimum amount due will transfer even when the payment changes. I understand this is an in-house transfer and does not affect any payroll deductions for direct deposit. A separate form is used for any other transfer day. If the funds are not available, this service will be discontinued. I will not hold the Credit Union liable if the transfer does not occur with or without cause.

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

X _____
Signature Date

Processed by:

New Update Cancel

Temp Stop: _____
Month(s)