



**AUTOMATIC TRANSFER AUTHORIZATION**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

NEW                       UPDATE                       CANCEL

I authorize the Credit Union to transfer funds from my account as follows:

Frequency:  Monthly  Semi-Monthly  Bi-Weekly  Weekly Day/Date: \_\_\_\_\_

Amount: \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account/Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account/Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account/Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account/Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account/Suffix: _____

I understand that it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date(s). 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, until the loan is paid in full, or 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR CREDIT UNION USE ONLY:		
RECEIVED: _____	DATE COMPLETED: _____	CU EMPLOYEE ID: _____
NEXT TRANSFER DATE: _____	Initials: _____	