

## AUTOMATIC TRANSFER AUTHORIZATION

Member/Owner:				Member Number:	
Date of Request:					
Processed by:					
☐ New	☐ Update	☐ Cancel			
I authorize the Credit Union	n to transfer funds from n	ny account(s) wi	th the following	frequency:	
☐ Monthly	Semi-Monthly	☐ Bi-Weekly	☐ Weekly	Day(s)/Date(s):	
Total Amount to Transfer:	\$		From Account I	No:	
Distribution:					
Amount: \$	To: ☐ Savings/Sha	re 🗌 Checking/I	Oraft ☐ Loan	Acct. No./Suffix:	
Amount: \$	To: Savings/Sha	re 🗌 Checking/I	Draft ☐ Loan	Acct. No./Suffix:	
Amount: \$	To: Savings/Sha	re   Checking/I	Draft 🗌 Loan	Acct. No./Suffix:	
If there are not sufficient for order determined by the Cr	unds in the account on the edit Union. The transfers on notifies me the transfers	ne transfer date, s will continue ur er will be discont	available funds v ntil I notify the Cr	e transfer to be made on the vill be used to make a partial redit Union in writing to cance it Union must receive the writ	transfer in any I or update the
Х			Х		
Signature	Date		Signature		Date