



Internal Automatic Transfer Authorization

Name _____

New Change Stop

Transfer From

Account # _____

Share ID _____

Frequency

Weekly Bi-Weekly Monthly Twice Monthly*
*Day 1 _____ & Day 2 _____

Date of First Transaction _____

Total Amount to Transfer

\$ _____

Transfer To:

Amount \$ _____ Account # _____ Share ID: _____ Loan ID: _____

Amount \$ _____ Account # _____ Share ID: _____ Loan ID: _____

Amount \$ _____ Account # _____ Share ID: _____ Loan ID: _____

Verify Total \$ _____

Full amount must be available in the Transfer From account for transfer to be made. If total transfer amount is not available, a partial transfer will be made with all available funds. Transfers will continue until the member contacts the Credit Union in writing to change or cancel the transfer. Written request for change or cancellation must be received seven (7) business days prior to the transfer date.

I hereby affirm that this information is correct for my automatic transfer request.

Signature _____ Date _____ Phone _____

CREDIT UNION USE

TELLER INITIALS _____ USER # _____ DATE _____ BRANCH _____