



AUTOMATIC TRANSFER AUTHORIZATION FORM

Member # _____ Date of Request _____

Account Owner _____

_____ New _____ Update _____ Cancel _____ Processed By _____

I authorize the Credit Union to transfer funds from the above account(s) as follows:

Frequency: _____ Monthly _____ Bi-weekly _____ Semi-Monthly

Start Date _____ Transfer from Account # _____

Amount: \$ _____	Account # _____	_____ Share _____	Draft _____	Loan _____
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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 *me/CU* in writing to cancel or update the transfer or if *me/CU* 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.

Member Signature

Date



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