



AUTOMATIC TRANSFER AUTHORIZATION

Name: _____ Account #: _____

Please transfer from my: Savings Checking Other Share Suffix _____

In the amount of: \$ _____

To be disbursed as follows:

Account #: _____ Savings Checking Loan ID _____

Account #: _____ Savings Checking Loan ID _____

Account #: _____ Savings Checking Loan ID _____

Transfer Frequency: Weekly Bi-Weekly Monthly Semi-Monthly

To Begin: _____

Automatic transfers will be transferred on the date each month as specified above. If sufficient funds are not available in your account to make the full payment, you may be subject to applicable fees and other arrangements should be made.

Signature: _____
Date

Signature: _____
Date

For Internal Purposes:

Entered By _____ Date _____ Verified By _____ Date _____