



# Authorization To Transfer Funds

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Transfer Schedule (Check One):

- Transfer funds today only
- Transfer funds weekly on Friday only
- Transfer funds monthly on the \_\_\_\_\_ of each month
- Transfer minimum payment on the due date\*
- Transfer balance in full on the due date\*

\*Ongoing automatic transfers will begin after the current billing cycle.

Transfer From:

Financial Institution: \_\_\_\_\_ Amount: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  Savings  Checking

Transfer To:

Financial Institution: \_\_\_\_\_ Amount: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Savings Suffix \_\_\_\_\_ Loan Suffix \_\_\_\_\_

Transfer To:

Financial Institution: \_\_\_\_\_ Amount: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Savings Suffix \_\_\_\_\_ Loan Suffix \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Home Telephone

For Credit Union Use Only
Completed by: _____ Date: _____ Branch: _____