



Transfer Authorization Card

NAME _____

ACCOUNT NUMBER _____

Please check one: NEW CHANGE STOP

Amount of Transfer _____ Frequency _____ Days _____ Weeks _____
Months _____ Semi Months _____

\$ Amount _____ From Acct # _____ Sub # _____ SAV
CK To Acct # _____ Sub # _____ Loan
Ck Sav

\$ Amount _____ From Acct # _____ Sub # _____ SAV
CK To Acct # _____ Sub # _____ Loan
Ck Sav

\$ Amount _____ From Acct # _____ Sub # _____ SAV
CK To Acct # _____ Sub # _____ Loan
Ck Sav

\$ Amount _____ From Acct # _____ Sub # _____ SAV
CK To Acct # _____ Sub # _____ Loan
Ck Sav

Date to Start Transfers _____ Pay Day/Date _____

I/We authorize CFCU Community Credit Union, to deduct from the above stated account and transfer to the account indicated, the amount indicated. It is agreed that these accounts are subject to all rules and regulations of the Credit Union and those Regulators of the Credit Union. I/We understand that the Credit Union will attempt to transfer the requested amount for ten (10) consecutive days, four (4) if on a weekly transfer. If this deduction is to be terminated, I/We agree to inform the Credit Union in writing five (5) days prior to the termination date.

Signature _____

Date _____ Phone _____

CFCU Staff Only: Setup By # _____ Reviewed By # _____