



Authorization To Transfer Funds

Name: _____ Account Number: _____

Transfer Method (Check One):

- Transfer funds today only.
- Transfer funds weekly on Friday only.
- Transfer funds monthly on the _____ of each month.

Transfer funds as follows:

From: Account# _____ Share Suffix _____ Loan Suffix _____

in the amount of \$ _____.

To: Account# _____ Share Suffix _____ Loan Suffix _____

in the amount of \$ _____.

To: Account# _____ Share Suffix _____ Loan Suffix _____

in the amount of \$ _____.

MasterCard Payment Transfer

Payment Amount (Check One):

- Full Payment (Statement Balance)
- Minimum Payment (Current Payment)
- Fixed Amount (2.25% of your maximum credit limit) \$ _____
- Cancel Automatic Payment

Designated Transfer Account (Check One):

- Share Account (Savings)
- Share Draft Account (Checking)

The payment amount will be transferred from your designated account on the payment due date.

Signature

Date

Daytime Telephone

Home Telephone

For Credit Union Use Only

Completed By _____ Date _____ Branch _____