YOUR ORGANIZATION’S NAME

Automatic Transfer Authorization

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I authorize the Bank to transfer funds from my account(s) with the following frequency:** | | | | |
| 🞏 Monthly | 🞏 Semi-Monthly | 🞏 Bi-Weekly | 🞏 Weekly | On Day/Date |
| Total Amount to Transfer: | | From Account: | | |
| **Distribution:** | FROM: |  | TO: |  |
| Amount | 🞏 Savings | | 🞏 Loan | Account Number |
| Amount | 🞏 Savings | | 🞏 Loan | Account Number |
| Amount | 🞏 Savings |  | 🞏 Loan | Account Number |
| 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 Organization. The transfers will continue until I notify the Organization, in writing, to cancel or update the transfer or if the Organization notifies me, the transfer will be discontinued. The Organizationmust receive the written request for cancellation seven (7) business days prior to the transfer. | | | | |

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Signature Date Signature Date

Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR ORGANIZATION NAME