

Automatic SAVINGS Transfer Authorization

For: Members Name: _____

New Update Cancel Date Request to Begin: _____

I authorize the Credit Union to transfer funds from my HRCU account(s) # _____ with the following frequency:

Monthly on _____ Semi Monthly on _____ Biweekly on _____ Weekly on _____

Distribution:

Amount: \$ _____ To: Savings/Share Amount: \$ _____ To: Checking/Draft

Amount: \$ _____ To: Christmas Amount: \$ _____ To: Loan Account # _____

I would like the Credit Union to transfer funds from my account at another financial institution. Please contact me with further instruction.*Fees may apply.

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 Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Signature: _____

Date: _____