



# Automatic Transfer Authorization

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ElementFCU.org

## All About Me!

My Name: \_\_\_\_\_ My Account #: \_\_\_\_\_

- This is my initial authorization
- This is a change to an existing authorization
- I want to cancel my existing authorization

## Authorization

I authorize Element FCU to transfer funds from my account(s) as follows:

Perform my requested transfer  monthly  semi-monthly  biweekly  weekly Day or Date: \_\_\_\_\_

Transfer a total amount of \$ \_\_\_\_\_ from my  Savings  Checking  Other # \_\_\_\_\_ and distribute as follows:

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

Apply \$ \_\_\_\_\_ to  Savings  Checking  Loan Account # \_\_\_\_\_-\_\_\_\_\_

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

X \_\_\_\_\_ X \_\_\_\_\_  
My Signature Date I Want My Deductions to Start

### THIS SECTION IS FOR CREDIT UNION USE ONLY

This form was processed by \_\_\_\_\_ on \_\_\_\_\_  
employee name date