MTCU

Phone 432-688-7300
Toll Free 1-800-962-4143
www.mtcu.org

AUTOMATIC TRANSFER AUTHORIZATION

Member/Owner: _____

Date of Request: _____ Processed By: _____

Member No:

☐ New ☐ Update ☐ Cancel

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

☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly ☐ Day(s)/Date(s): _____

Total Amount to Transfer: $ _____ **From Account No:** _____

Distribution:

Amount: $ _____ To: ☐ Savings/Share ☐ Checking/Draft ☐ Loan Acct. No./Suffix: _____

Amount: $ _____ To: ☐ Savings/Share ☐ Checking/Draft ☐ Loan Acct. No./Suffix: _____

Amount: $ _____ To: ☐ Savings/Share ☐ Checking/Draft ☐ Loan Acct. No./Suffix: _____

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.

X _____ _____
Signature Date

X _____ _____
Signature Date

LOANLINER

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