

AUTOMATIC TRANSFER AUTHORIZATION

DATE: _____

_____ SUFFIX _____
ACCOUNT # FROM

Name _____

_____ SUFFIX _____
ACCOUNT # TO *Share or Loan*

Name _____

WEEKLY

BIWKLY

SEMI-MONTHLY _____ & _____

MONTHLY

100%

\$ _____

NEW

STOP

CHANGE

REPLACE

Effective Date _____

Signature _____

ACFCU Employee Signature

Notes

Header(s)

Payroll Dept. Use ONLY:

Date Rec'd _____

Date Entered _____ Initials _____