

UNITED COMMUNITY CREDIT UNION

TRANSFER AUTHORIZATION AGREEMENT

READ CAREFULLY AND CHECK APPROPRIATE PAYMENT METHOD

TODAY'S DATE: _____ TELLER # _____ TELLER INITIALS _____

NEW: _____ UPDATE: _____ CANCELTATION: _____

AUTOMATIC PAYMENT TRANSFER—PAYMENT TRANSFERS FROM A UCCU SHARE TO LOANS ON LOAN DUE DATE FOR AMOUNT OF LOAN PAYMENT ON SYSTEM

TRANSFER START DATE: _____ AMOUNT \$ _____ FREQUENCY: _____

DISBURSING MEMBER NAME: _____ DISBURSING ACCT#: _____ SHARE ID# _____

RECEIVING MEMBER NAME: _____ RECEIVING LOAN ACCT#: _____ LOAN ID# _____

MEMBER SIGNATURE: _____ DATE: _____

INTERNAL PAYROLL TRANSFER—TRANSFERS FROM A SHARE ACCOUNT TO ANOTHER SHARE OR LOAN ON A SPECIFIC DATE

TRANSFER START DATE: _____ AMOUNT \$ _____ FREQUENCY: _____

DISBURSING MEMBER NAME: _____ DISBURSING ACCT#: _____ SHARE ID# _____

RECEIVING MEMBER NAME: _____ RECEIVING ACCT#: _____ SHARE / LOAN ID# _____

MEMBER SIGNATURE: _____ DATE: _____

ACH DISTRIBUTION—DIRECT DEPOSIT HISTORY TO BE ATTACHED TO THIS FORM.
TRANSFERS EVERY TIME THE SPECIFIED DIRECT DEPOSIT POSTS TO THE UCCU SHARE INDICATED BELOW

TRANSFER START DATE: _____ AMOUNT \$ _____ FREQUENCY: _____

DISBURSING MEMBER NAME: _____ DISBURSING ACCT#: _____ SHARE ID# _____

RECEIVING MEMBER NAME: _____ RECEIVING ACCT#: _____ SHARE / LOAN ID# _____

MEMBER SIGNATURE: _____ DATE: _____

I understand it is my responsibility to maintain a balance to enable the transfer to be made on the specified date. 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 that the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer. **MEMBER INITIALS:** _____

FOR CREDIT UNION USE:

DATE: _____ TIME: _____ RECEIVED BY: _____

ENTERED IN COMPUTER BY: _____ DATE: _____ TIME: _____

SPECIAL OR EXTRA INFORMATION: _____