

## LOAN PAYMENT TRANSFER AUTHORIZATION

Member's Name (Please Print) \_\_\_\_\_

Account Number \_\_\_\_\_

**G CANCEL PREVIOUS TRANSFER**

I hereby cancel authorization to transfer funds to make monthly payments

**G NEW TRANSFER**

I hereby authorize America First Credit Union to make monthly transfers to pay on the following loans under my account number:

Loan Number	Payment Amount	Monthly Due Date	Transfer from		Another Account (Y)	(include suffix)
			Savings (X)	Checking (Z)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: Shareway and Line of Credit loans are due on the 20th of each month. Automatic transfers can be made for the minimum payment only. VISA Credit Card payments are due on the 25th of each month, either the minimum payment or the full balance, to avoid finance charge, can be transferred automatically. Transfers cannot be made if this causes your share savings balance to drop below \$25.00 or if funds are not available.

I agree that the funds in my account which are to be transferred for loan payment will not be withdrawn from the account. I also agree to notify the credit union in writing if I desire any changes in this authorization.

Posted by: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_ DATE

\_\_\_\_\_ MEMBER'S SIGNATURE

AFCU #16 5/03 I



Initials _____ Seat # _____
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