

Authorization for Periodic Payment

Member Name: _____

Date: _____

Member Number: _____

Branch#: _____

I/We hereby authorize you to deduct a total of \$ _____ from my
Share/Checking
Account # _____ to be transferred to other accounts as indicated on
this request form.

I/We understand that it is my total responsibility to have the funds available in the
account by the due date of the periodic payment.

Commencing / Start Date _____

And each following: Weekly Bi-Weekly Monthly Semi-Monthly
(Circle one)

From Account# _____

Dollar Amount _____

To Account # _____

Member Sign

Staff Sign

Date

Authorization to Cancel Periodic Payment

Authorization #

Staff Sign

Member Sign

Date