



14985 Glazier Avenue, Ste 100
 Apple Valley, MN 55124
 (800) 692-2274

AUTHORIZATION TO TRANSFER FROM ANOTHER FINANCIAL INSTITUTION

New Start Change Cancel

I (we) _____ hereby authorize the Credit Union to initiate debit entries to my (our)
 checking savings account indicated below, and the financial institution named below to debit the same.

Financial Institution _____ Amount \$ _____ Frequency: weekly biweekly semi-monthly monthly

City _____ State _____ Zip _____

Transit/ABA# _____ Account # _____

NOTE: Please attach a voided check if a checking account is selected.

This authority is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it.

Credit Union Account # _____ Primary Member _____ Start Date _____

Funds are to be deposited to: Share Savings \$ _____ Checking \$ _____ Loan (suffix _____) \$ _____

Other _____ \$ _____

Signature _____ Date _____

FROM:

TO: