

STATE FARM FEDERAL CREDIT UNION

AUTHORIZATION FOR PERIODIC PAYMENT

Member Name _____

Date _____

Member Number _____

Branch # _____

I/We hereby authorize State Farm FCU to deduct a total of \$_____ from my Share account #_____ to be transferred to other accounts.

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 1 MONTHLY 2 BI-WEEKLY 3 SEMI-MONTHLY
(Circle One)

UNTIL (FINAL PAYMENT, if any) _____

FROM ACCOUNT # _____

PAYMENT AMOUNT _____

TO ACCOUNT # _____

MEMBER SIGNATURE

STAFF SIGNATURE

DATE

FINANCIAL INSTITUTION USE ONLY

CU80 A/ADD _____ C/CANCEL _____ CU80A ALTER _____ AUTHORITY NO _____

AUTHORIZATION TO CANCEL PERIODIC PAYMENT

AUTHORIZATION NO

MEMBER SIGNATURE

STAFF SIGNATURE

DATE