AUTOMATIC TRANSFER AUTHORIZATION Member Name ___ Member Number _ Request Date ____ ☐ NEW ☐ UPDATE ☐ CANCEL I/We authorize the Credit Union to transfer funds from my account(s) on the due date of my loan(s) as specified below: ☐ Monthly ☐ Bi-Weekly ☐ Weekly Other _ Total Amt to Transfer: \$_____ From Acct #: _____ Date of 1st Transfer: _____ From Suffix Amount \$ _____ To Loan Account No. & Suffix ___ From Suffix Amount \$ __ To Loan Account No. & Suffix ___ _ From Suffix ___ To Loan Account No. & Suffix ___ Amount \$ _____ From Suffix _____ To Account No. & Suffix From Suffix Amount \$ To Account No. & Suffix _____ From Suffix _____ To Account No. & Suffix ____ Special Instructions ___ I/We understand it is my/our responsibility to maintain a balance in my/our account sufficient to enable the transfer of the "Total amt to transfer" indicated above. If sufficient funds are not available, a partial amount will be transferred in any order determined by the Credit Union. These transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation 7 days prior to a scheduled transfer. PAYROLL DEDUCTION FORM Member Name _ Employer/Deposit Name __ If Yes, when? _____ Have deposits come into the Credit Union before? ☐ Yes ☐ No I authorize the Credit Union to divide my deposit into the following suffixes and in the following amounts: **Current Deduction Amt** New Deduction Amt Suffix _____ Savings ____ Checking _____ Vacation Club ____ Holiday Club _____ Special Share ___ IRA Suffix ___ __ Other ____ Other Suffix ____ Other Member Signature ___ Date ____ **Credit Union Use Only** Initials _



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