

TRANSFER AUTHORIZATION FORM

Member/Account Owner Name: _____ Effective Date: _____

UPDATE

CANCEL

Accepted By: _____

- | | | | | | | | | |
|---------------------------|------------------------------|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Frequency (Weekly): | <input type="checkbox"/> WEK | <input type="checkbox"/> WKT | <input type="checkbox"/> VPW | <input type="checkbox"/> AWK | <input type="checkbox"/> DW1 | | | |
| Frequency (Bi-Weekly): | <input type="checkbox"/> BW1 | <input type="checkbox"/> BW2 | <input type="checkbox"/> VB1 | <input type="checkbox"/> VB2 | <input type="checkbox"/> AB1 | <input type="checkbox"/> AB2 | <input type="checkbox"/> DB1 | <input type="checkbox"/> DB2 |
| Frequency (Semi-Monthly): | <input type="checkbox"/> CSM | <input type="checkbox"/> SCH | <input type="checkbox"/> WTS | <input type="checkbox"/> SMT | <input type="checkbox"/> SMC | <input type="checkbox"/> SM2 | <input type="checkbox"/> SM3 | |
| Frequency (Semi-Monthly): | <input type="checkbox"/> IAF | <input type="checkbox"/> EMP | <input type="checkbox"/> VP1 | <input type="checkbox"/> VPC | <input type="checkbox"/> VP2 | <input type="checkbox"/> ASM | <input type="checkbox"/> ASC | <input type="checkbox"/> AS2 |
| Frequency (Semi-Monthly): | <input type="checkbox"/> DS1 | <input type="checkbox"/> DSC | <input type="checkbox"/> DS2 | | | | | |
| Frequency (Monthly): | <input type="checkbox"/> PDP | <input type="checkbox"/> 1 ST | <input type="checkbox"/> MID | <input type="checkbox"/> LST | <input type="checkbox"/> VPM | <input type="checkbox"/> AFM | <input type="checkbox"/> DM1 | |

I authorize the Credit Union to transfer funds from my account as follows:

Amount: _____ FROM Acct No/Suffix: _____

Amount: _____ TO: Shares Xmas Club Vacation Club Loan Union Dues Debit/Credit Card AFLAC Acct No/Suffix: _____

Amount: _____ TO: Shares Xmas Club Vacation Club Loan Union Dues Debit/Credit Card AFLAC Acct No/Suffix: _____

Amount: _____ TO: Shares Xmas Club Vacation Club Loan Union Dues Debit/Credit Card AFLAC Acct No/Suffix: _____

Amount: _____ TO: Shares Xmas Club Vacation Club Loan Union Dues Debit/Credit Card AFLAC Acct No/Suffix: _____

Amount: _____ TO: Shares Xmas Club Vacation Club Loan Union Dues Debit/Credit Card AFLAC Acct No/Suffix: _____

I understand it is my responsibility to maintain a balance in my account to enable the above transfers to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. This authorization will remain in effect until the Credit Union receives written notice to terminate the above request no less than 15 days before the next transfer date.

Member Signature

Date

Processed By: _____