

TRANSFER AUTHORIZATION FORM

Member/Account Owner Name: _____ Effective Date: _____

UPDATE

CANCEL

Accepted By: _____

- Frequency (Weekly): WKT VPW AWK DW1
- Frequency (Bi-Weekly): BW1 BW2 VB1 VB2 AB1 AB2 DB1 DB2
- Frequency (Semi-Monthly): SMT IAF EMP VP1 ASM DS1
- Frequency (Semi-Monthly): SMC VPC ASC DSC SM2 VP2 AS2 DS2
- Frequency (Monthly): 1ST MID VM1 AM1 DM1
- Frequency (Monthly): LST VM2 AM2 ACH_____

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: _____