



**FAIRFAX COUNTY
FEDERAL CREDIT UNION**
4201 Members Way
Fairfax, VA 22030

AUTOMATIC TRANSFER AUTHORIZATION

Member/Owner:

New Update Cancel

Member Number

Date of Request: _____

Processed by: _____

I authorize the Credit Union to transfer funds from my account(s) with the following frequency:

Monthly Semi-Monthly Bi-Weekly Weekly Day(s)/Date(s):

Total Amount to Transfer \$

From Account No.

Distribution:

Amount: \$ To: Savings/Share Checking/Draft Loan Share Certificate Acct. No.:

Amount: \$ To: Savings/Share Checking/Draft Loan Share Certificate Acct. No.:

Amount: \$ To: Savings/Share Checking/Draft Loan Share Certificate Acct. No.:

I understand it is my responsibility to maintain a balance in my account to enable the transfer 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. The 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 seven (7) business days prior to the transfer.

X		X	
Signature	Date	Signature	Date