AUTOMATIC TRANSFER REQUEST

Member # _____

Name Of Member _____

For the mutual convenience of the undersigned and the Credit Union, the Credit Union offers the undersigned and the undersigned requests the following automatic transfer services as checked:

☐ **Authorization for automatic transfers from line of credit loan accounts to pay items or transactions.**

I hereby authorize the Credit Union to advance funds up to the available credit limit from any of the following line of credit loan account(s) to pay any item or transaction drawn on insufficient funds on any account that I own and any fees and costs incurred with respect to such item or transaction:

_____
Account Number(s)

I further acknowledge that the Credit Union, in its sole discretion, may refuse to make such a transfer if an advance is not permitted under the terms of my line of credit agreement or the policies of the Credit Union. The amount to be transferred pursuant to this Authorization shall be sufficient to pay such item or transaction and any corresponding fees and cost and shall be in multiples of $ _____ .

☐ **Authorization for automatic transfers from other accounts to pay items or transactions.**

I hereby authorize the Credit Union to transfer from any of the following account(s) an amount sufficient to pay any item or transaction drawn on insufficient funds on any account that I own and any fees and costs incurred with respect to such item or transaction.

_____
Account Number(s)

I further acknowledge that the Credit Union, in its sole discretion, may refuse to make such a transfer if the transfer would exceed any transfer limitations for such account established under federal regulations or if the Credit Union policies would prevent the Credit Union from making transfer. The amount to be transferred pursuant to this Authorization shall be sufficient to pay such item or transaction and any corresponding fees and costs and shall be in multiples of $ _____ .

If transfers may be made from both share accounts and lines of credit, all such transfers shall be made **first** from my ☐ share account(s) ☐ line of credit loan accounts(s) and **thereafter,** when the balance of that/those account(s) are insufficient to or exhausted, from the other account(s) listed above.

☐ **I (we) decline overdraft protection.**

X _____
　　　　　Signature of Account Owner/Borrower　　　　　　　　Date

X _____
　　　　　Signature of Account Owner/Borrower　　　　　　　　Date