

Automatic Transfer Authorization

New _____ Update _____

Complete, sign and return to:
Billings Federal Credit Union
P.O. Box 1779
Billings, MT 59103-1779

Member's Name: _____

Member Account # _____

Transfer Instructions:

Amount: \$ _____ **From Account #** _____ **Suffix #** _____ **Type** _____
To Account # _____ **Suffix #** _____ **Type** _____

Date of Transfer: (Circle applicable dates)

1st 5th 10th 15th 20th 25th End of Month or Each Payroll

Date to begin Transfer: _____

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, the transfer will not be made and it will be my responsibility to make the transfer. The transfers will continue until I notify the credit union in writing to cancel or update the transfer or 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 scheduled transfer.

Member Signature: ✕ _____ Date: _____

Employee Signature: ✕ _____ Date: _____