



Request for Automatic Transfer(s)

Date: _____ Date to Start: _____

Loan Number: _____ Home Phone: _____

Member Name(s) _____ Work Phone: _____

Address: _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

From# _____ Type _____ To# _____ Type _____ Amount\$ _____

Date transferred each month*: _____

*If this date falls on Saturday, Sunday, or a holiday, it will be transferred on the previous business day.

I hereby authorize Commonwealth Credit Union to transfer the monies to my account as stated above. I realize it is my obligation to have the said monies in my account available for transfer on the date listed above. If I fail to do so, I understand that it will be my responsibility for the said transfer in the future and not Commonwealth Credit Union. If any changes should occur, it is my responsibility to contact Commonwealth Credit Union and inform them of these changes.

Member Signature

Date

OFFICE USE ONLY:

Payroll Transfer #: _____ Date FM Done: _____ FM Done By: _____

Date Cancelled: _____ Reason Cancelled: _____