



Account Distribution Authorization

Membership Number:

Name: _____ Address: _____

New Authorization
 Change in Authorization
 Cancel

I authorize the Credit Union to transfer funds from my account (s) as follows:

From Account:	To Account:	Amount:	Frequency:	Start Date:
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly	

I agree to maintain a balance in my account sufficient to enable the transfer (s) indicated on the dates indicated. If there are insufficient funds in the account on the transfer date, I understand that TFCU may still transfer the funds even if it results in an overdraft; or may refuse to make the transfer; or may make a partial transfer in any order determined by TFCU; or may attempt to make the transfers on the following business day (s). TFCU is not liable in any way for transfers made when insufficient funds are in the account. If insufficient funds causes an NSF fee, late fee, or other fee to be incurred, I understand and agree that the fee (s) will also be withdrawn from the account. The transfers will continue until I instruct TFCU in writing to stop the transfers. TFCU must receive the written cancellation notice at least **10** days prior to the transfer date. I understand that I am at all times responsible for making any and all loan or credit card payments when due, even if I cancel the automatic transfer or if there are insufficient funds in the account at the time of the scheduled automatic transfer.

Cancellation. If this box is checked, I hereby instruct TFCU to cancel the transfer indicated above.

Member's signature: _____ Date: _____