

AUTOMATIC ACCOUNT TRANSFER AUTHORIZATION

Employee Taking Application: _____

This Authorization is: New _____ Change _____ Cancel _____

Transfer from:

Transfer to:

Account # _____

Account # _____

Acct Type: 01 75 02 08 20 (circle one)

Acct Type 01 75 02 08 20 80 MC

Loan Number _____

Amount: \$ _____

Frequency: weekly biweekly monthly semi-monthly (circle one)

Day to Start Transfer: _____

If Cancelling-Day to Stop Transfer: _____

I understand that I must notify SCORE Federal Credit Union in writing if I wish to change or cancel this agreement.

Initials: _____

I authorize this transfer to be completed automatically by SCORE Federal Credit Union. I understand that this transfer will make three (3) attempts. If the funds are not available, the transfer will not take place. If transferring from a checking account, I understand that overdraft protection will be available to complete the transfer if necessary.

Signature: _____ Date: _____