

Automatic Transfer

Member Name \_\_\_\_\_

**From:**

Account Number \_\_\_\_\_

Frequency \_\_\_\_ (Daily, Weekly, Bi-weekly, SEmi-monthly, Semi-annually, Monthly, Quarterly, Annually)

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Transfer Amount \_\_\_\_\_ Share Type \_\_\_\_\_

**To:**

Account Number \_\_\_\_\_

Share Type \_\_\_\_\_ Loan Number \_\_\_\_\_

GL Number \_\_\_\_\_

Notes: \_\_\_\_\_

I hereby request and authorized Allied Federal Credit Union to make the above transfer and I will hold Allied Federal Credit Union harmless of any action taken on this transaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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