REQUEST FOR AUTOMATIC DEPOSIT / PAYMENT TO UFCU FROM ANOTHER FINANCIAL INSTITUTION 30 DAY NOTICE REQUIRED TO INITIATE, CHANGE, OR STOP

UFCU Employee			Ext.	Date
Member Name		Daytime phone		
UFCU Account #				
		NEW		
Credit to: Acct. No.		_		
Credit to post at UFCU:	(January-December)	_ Day	27th (no other days avai	lable)
	uffix		Account number	
Amount to Savings	\$			
Ū				
Amount to Checking				
Amount to Loan	\$			
Amount to Loan				
Amount to Loan	\$			
Total Draft amount	\$			
Draft From: Account N	lumber:			
Financial Institution/Rout				
Account Name				
	CH VOIDED CHECK			
Authorization	CIT VOIDED CITECK	I KOW ACCOUN		
I (We) authorize UFCU to transfe transfer. I (We) agree that the ri withdrawl personally by me (us). by me (us) or cancelled by UFCU mated Clearing House Associati	ghts of the Institution w . I (We) acknowledge a J. I acknowledge that n	ith respect to each nd agree that this a	transfer shall be the sa greement shall remain	ame as if it were a in effect until revoked
x		X		
(Printed Name)			(Printed Na	ne)
X		x		
(Signati	ure)		(Signature	:) • • • • • • • • • • • • • •
	CHA	NGE / STOP		
CHANGE - Effective Da	ate			
Change Amount: From \$	To \$			
Change Date: From	То			
Change Suffix: From	То			
STOP Last date to post	t			
Member Signature or Name of P		Per F	hone	