

## Authorization for Automatic Transfer

Complete this form for recurring transfers from your account at another financial institution to your loan accounts at MEFCU. Return to any branch office.

Please allow 10 days for transfer to be in effect

- New automatic transfer     
  Cancel existing transfer     
  Change transfer date  
 Decrease existing transfer     
  Increase existing transfer     
  Change Bank

Transfer From:     Checking – **Attach VOIDED Check**       Savings – **Attach Deposit Slip**

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Account Name \_\_\_\_\_

### Transfer to MEFCU Loan:

Institution Name Mayo Employees Federal Credit Union

Routing Number 291975478

Member Number \_\_\_\_\_ Loan Number \_\_\_\_\_

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

Original Transfer amount: \_\_\_\_\_ Change transfer amount to: \_\_\_\_\_

Date of first transfer: \_\_\_\_\_ Date of last transfer (if specified): \_\_\_\_\_

Biweekly     
  Monthly     
  Monthly (Last Day of Month)     
  Semi-Monthly (15<sup>th</sup> and End of Month)

Change transfer date from \_\_\_\_\_ to \_\_\_\_\_

**Authorization:** I (We) authorize the Institution to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfers. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personally signed by me (us). I (We) acknowledge that my automatic payments are governed by the rules of the Automated Clearing House Association. I have received a copy of this authorization.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Cancellation Authorization:** I (We) authorize the Institution to cancel the described automatic transfer.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

**For Credit Union use only**

Received by \_\_\_\_\_ Operator Number \_\_\_\_\_

Entered by \_\_\_\_\_ Verified by \_\_\_\_\_

Notes: