

AFG Employees Credit Union

Authorization for Automated Internal Transfers

I hereby authorize AFG Employees Credit Union hereinafter called FINANCIAL INSTITUTION, to initiate debit/credit entries to my accounts indicated below and to initiate, if necessary, any credit/debit entries and adjustments made in error to my accounts indicated below.

Debit:

Member Name _____

Member Number _____ Transaction Amount \$ _____

Beginning Date: _____ Debit Account: [] Checking [] Savings

Transaction Frequency: Weekly Bi-Weekly Semi-Monthly
 Monthly Other: _____

Credit:

I further authorize FINANCIAL INSTITUTION to distribute the above funds as follows:

Account Name	Account Number	Amount
Share / Savings	_____	\$ _____
Share Draft / Checking	_____	\$ _____
Money Market	_____	\$ _____
IRA	_____	\$ _____
Loan:	_____	\$ _____
Loan:	_____	\$ _____
Loan:	_____	\$ _____
Other: _____	_____	\$ _____
Other: _____	_____	\$ _____
Other: _____	_____	\$ _____
TOTAL		\$ _____

This authority is to remain in full force and effect until FINANCIAL INSTITUTION has received written notification within fifteen days from me of its termination in such time and in such manner as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature

Date