

## MEMBERSHIP EQUALS FREEDOM ™

## Recurring Internal Transfer Authorization (Allotment) From an SFCU Account to an SFCU Deposit Account

I, or stop/delete transferring from the Internal stated below.	( <i>print na</i> 'Transfer FR0	ame), authorize Smart Financia OM Account #' to the 'Transfer <sup>·</sup>	al Credit Union to start, change TO Account #' account as
☐Start ☐ Change ☐ Stop/Dele	te on:	Final Disburser	ment Date (72 hours notice)
Amount: \$			
Beginning on:	(exact	date the first/next transfer sh	nould take place)
Frequency/Recurrence:	☐Bi-We	eekly Semi-Monthly	Weekly
Transfer FROM Account #:		Internal Transfer – (from	SFCU Account)
Transfer TO Account #:		(SFCU CHECKING OR SAVIN	IGS ONLY)
I understand that this authorization will remove Credit Union in writing of any changes in min advance of the next transfer transaction. deposit to the SFCU deposit account may be electronic transaction, these funds may be a lunderstand that if the total transfer amount transferred and that Smart Financial Credit By signing below, I confirm that all of the abresult in delayed processing and non-refundevent this transaction does not occur.	y account info If the transfer be executed o withdrawn fro t is not availa Union may co	ormation or termination of this a date falls on a weekend or holion the next business day. I unde m my account as soon as the tr ble on the date of the transfer, to continue to attempt the transfer for on is correct. I understand that	uthorization at least 72 hours iday, I understand that the erstand that because this is an ransfer date.  then all available funds may be or 5 days.  any incorrect information could
Signature of Member	Date	Home, Work or Mobile Phor	ne Numbers
	SFCU Staff C	Only	
			DATE RECEIVED /
DATE ORIGINATING EMPLOYEE	EXTENSION	AUTOMATED SERVICES	KEYED
Internal Transfer Instructions  Type: ⊠ Scheduled Transaction Type: ⊠	Deposit		