

Alcose Credit Union

3001 Jacks Run Rd White Oak, PA 15131

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www.alcosecu.com

Automatic Transfer Authorization

I understand that I am responsible for maintaining a balance in my account to enable an auto transfer to occur. In the event of non-sufficient funds, no transfer will take place. Transfers will occur until I notify the Credit Union in writing to cancel any transfer. All requests for cancellation must be received at least 2 days prior to the next transfer

Name:				Account Number:				
From Account: Sa			vings		Che	ecking		
Amount:			Start Date:					
		Freq	uency:					_
☐ Weekly			Semi-Monthly					
☐ Biweekly					Monthly			
			Trans	fer				
Share	\$		Loan #		\$			
Share Draft	\$		Loan #		\$			
Christmas	\$		Other #			\$		
/acation	\$		Other #			\$		
oan #	\$		Other #			\$		
Signature						Date:		
			CU USE ONLY	1				
MITIAL C.				DATE				