



Periodic Transfer Authorization Form

Member Name: _____ Amount: \$ _____

From Account Number: _____ To Account Number: _____

Frequency (check one): Weekly Bi-Weekly Monthly Date of First Transfer: _____

I understand that this transfer will begin on the date indicated above, and will continue until I provide written notice of the termination of this transfer to USACU. Beginning on the date of the first transfer listed above USACU will transfer the funds as indicated here. If there are not sufficient funds in the account the funds are to be transferred from, USACU will continue to try to transfer the funds at the beginning of each business day for ten (10) business days until they are successful. If after ten (10) business days there are not sufficient funds in the account the funds are to be transferred from, USACU will cease efforts to transfer that amount until the next scheduled date of transfer. If, after three months, there have not been sufficient funds in the account for the scheduled transfer on the scheduled date, USACU will automatically cancel the requested transfer.

If I am using this form for regular payments to my credit card with USACU, I also understand that it is my responsibility to determine if this transfer will meet my minimum monthly payment. If it does not meet my minimum monthly payment, I understand that I am responsible for making any additional payments as necessary. I also understand that these transfers could result in a credit balance on my USACU credit card, and that I am responsible for contacting the credit union in order to have the credit balance refunded to me if necessary.

Member Signature: _____ Date: _____

For Credit Union Use Only

Received by: _____ Date & Time: _____

Entered by: _____ Date & Time: _____

Verified on First Transfer Date by: _____