



Automatic Transfer Authorization/Cancellation

Account Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Maiden Name (if applicable): _____

Email Address: _____

Automatic Transfer Authorization

I hereby request that EP Federal Credit Union make the following transfer from my account.

Automatic Transfer Cancellation

I hereby request that EP Federal Credit Union **cancel** the following transfer from my account.

Automatic Transfer Change

I hereby request that EP Federal Credit Union **change** the following transfer from my account.

Transfer From: (please check one)

Regular Shares #01 Share Draft #05 Transaction Draft #06 Other _____ (list suffix)

Amount \$ _____ Effective Date _____

Transfer To: [please indicate account type (shares, certificate, or loan) using codes or suffix from your statement.]

Account Type/Suffix: _____ Amount \$ _____ Effective Date: _____

Account Type/Suffix: _____ Amount \$ _____ Effective Date: _____

Account Type/Suffix: _____ Amount \$ _____ Effective Date: _____

Cross Account Number: _____ Amount \$ _____ Effective Date: _____

Cross Account Number: _____ Amount \$ _____ Effective Date: _____

(Cross Account is another account number within EPFCU.)

Frequency: (please check one)

Weekly Biweekly Monthly Other _____ (please describe)

Additional Remarks: _____

Member's Signature: _____ Date: _____

Federally insured by NCUA.



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.