



Executive Campus #2, Suite 100 P.O. Box 2737
 Cherry Hill, NJ 08002 Camden, NJ 08101
 (856) 486-3250 (800) 257-5354
 www.campbellcu.org

AUTOMATIC TRANSFER AUTHORIZATION

Member/Owner: _____

Date of Request: _____ Processed By: _____

Member No: _____

New Update Cancel

I authorize the Credit Union to transfer funds from my account(s) with the following frequency:

Monthly Semi-Monthly Bi-Weekly Weekly Day(s)/Date(s): _____

Total Amount to Transfer: \$ _____ From Account No: _____

Distribution:

Amount: \$ _____	To: <input type="checkbox"/> Savings/Share	<input type="checkbox"/> Checking/Draft	<input type="checkbox"/> Loan	Acct. No./Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings/Share	<input type="checkbox"/> Checking/Draft	<input type="checkbox"/> Loan	Acct. No./Suffix: _____
Amount: \$ _____	To: <input type="checkbox"/> Savings/Share	<input type="checkbox"/> Checking/Draft	<input type="checkbox"/> Loan	Acct. No./Suffix: _____

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

X _____
 Signature Date

X _____
 Signature Date