



**COMMUNITY SERVICE CREDIT UNION**  
 250 FM 2821 Rd W  
 Huntsville, TX 77320  
 936-295-3980

## Automatic Transfer Authorization

**Member No:**

Member/Owner:

Date of Request:

Processed by:

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:  Savings/Share     Checking/Draft     Loan    Acct. No./Suffix:

Amount: \$      To:  Savings/Share     Checking/Draft     Loan    Acct. No./Suffix:

Amount: \$      To:  Savings/Share     Checking/Draft     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.

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	