

# Account To Account Transfer Authorization

NEW AUTHORIZATION     CHANGE AUTHORIZATION

## MEMBER INFORMATION

Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SALAL CREDIT UNION INTERNAL TRANSFERS ONLY

### WITHDRAW FROM ACCOUNT

Checking     Savings     Money Market

Member Number #: \_\_\_\_\_ Share ID: \_\_\_\_\_

### APPLY TO ACCOUNT

Checking     Savings     Money Market     IRA Savings (Traditional or Roth)\*     COVERDELL Savings\*

Member Number #: \_\_\_\_\_ Share ID: \_\_\_\_\_

\*Transfers to IRA or COVERDELL will be designated as contributions during the year made and should not exceed contribution limits established by the IRS.

## TRANSFER DETAILS

### MONTHLY TRANSFER

To be made on \_\_\_\_\_ day of each month.

Transfer Amount: \$ \_\_\_\_\_

Month to Begin: \_\_\_\_\_

### TWICE MONTHLY TRANSFERS

To be made on \_\_\_\_\_ and \_\_\_\_\_ day of each month.

Transfer Amount: \$ \_\_\_\_\_

Month to Begin: \_\_\_\_\_

## AUTHORIZATION

As indicated by the method chosen above, I hereby authorize Salal Credit Union to initiate debit entries to my checking, savings, or money market account. This Account to Account Transfer Authorization (Authorization) will continue until canceled in writing. If there are no sufficient funds in the "From Account" above on the transfer date, the transfer will not go through.

**IF MARKED AS A "CHANGE AUTHORIZATION" ABOVE, PLEASE DESCRIBE CHANGE:** \_\_\_\_\_

## CANCEL AUTHORIZATION

I hereby authorize Salal Credit Union to cancel the withdrawal above. This cancellation notice is being provided to Salal at least three (3) business days before the next scheduled date.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT UNION USE ONLY

Processed Date: \_\_\_\_\_ Processed By: \_\_\_\_\_