

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: _____ Account ID (e.g. 0040): _____

APPLY TO ACCOUNT

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

Member Number: _____ Account ID (e.g. 0040): _____

*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: _____