

## Authorization for Automatic Transfers of Loan Payment(s)

Name:								
(Please print) Last		First					M.I.	
Daytime Phone: ()	Email Address:							
Transfer from Account #:		Transfers will be made from a Checking Account ONLY						
Effective Month:	Transfer D	ate (Check one):	□ 1 <sup>st</sup>	□ 5 <sup>th</sup>	□ 10 <sup>th</sup>	□ 15 <sup>th</sup>	□ 20 <sup>th</sup> □ 25 <sup>th</sup>	
Name on Receiving Account (Please print)	Transfer to Account #		Loan Suffix			\$\$	Amount	
Name on Receiving Account (Please print)	Transfer to Account #		Loan Suffix			\$ Amount		
Name on Receiving Account (Please print)	Transfer to Account #		Loan Suffix			\$ \$		
I authorize Golden 1 Credit Union to make my mo	CREDIT UNION USE ONLY							
automatically. Any other payments made by me are in addition to those made automatically. Should funds not be available on the agreed loan transfer date, the automatic payment will take place on the first transfer date that the partial or full funds are available. I understand that this authorization will remain in effect until I cancel it.			□ New		Chang	e 🛛	Cancel	
		Payroll Dept. Use Only:			Bra	Branch		
		Entered By			Init	Initial		
		Date Entered	Date Entered:				Date Received:	