



**AUTOMATIC TRANSFER AUTHORIZATION FORM**

I hereby authorize Whitefish Credit Union to make the following transfer to the financial institution and account identified below. I understand that my failure to complete the form correctly may result in a delay in implementing the automatic transfer from the selected account. This form must be received and processed before preauthorized transactions can begin. I understand I must allow at least five business days for this authorization to take effect. I understand that if funds are being deposited into WCU from an external business account, additional documentation will be needed to prove ownership. I am aware that anytime an external transfer is returned non-sufficient or by uncollected funds twice within a month's time, it will not be reinitiated.

<b>WHITEFISH CREDIT UNION ACCOUNT INFORMATION</b>		
Account Name: _____	Account Number: _____	Share: _____
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly Day One: ___ Day Two: ___	Effective Date: _____	Amount: _____
Transaction Type: <input type="checkbox"/> Debit (From) <input type="checkbox"/> Credit (To)		
<i>To credit an external Financial Institution, the funds must be withdrawn from an Online Checking account.</i>		

<input type="checkbox"/> <b>INTERNAL MEMBER SETUP/CHANGE</b>		
Account Name: _____	Account Number: _____	Share: _____

<input type="checkbox"/> <b>EXTERNAL MEMBER SETUP/CHANGE</b>		
_____	_____	
Name of Financial Institution	Account Name	
_____	_____	_____
Address of Financial Institution	Debit Account Number	ABA/Transit Routing Number
Coming From: <input type="checkbox"/> Checking Account <b>**For checking account only, staple a VOIDED CHECK to the application.</b>		
<input type="checkbox"/> Savings Account		

<input type="checkbox"/> <b>CANCELATION</b>
I hereby desire to cancel the authorization for the automatic funds transfer, on the above account.

**MEMBER AUTHORIZATION**

I hereby authorize Whitefish Credit Union to make the transfer indicated above, until further notice from me. I further acknowledge that you have no responsibility to contact me when the above transfer occurs. In the event an amount should be credited or debited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Whitefish Credit Union to direct the depository to make the appropriate debit or credit adjustment.

I understand that it is my responsibility to have sufficient funds available in my account on the transfer date in order for Whitefish Credit Union to make the automatic transfer. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer, the automatic transfer may not be made. Whitefish Credit Union reserves the right to discontinue my use of automatic payments if a transaction is denied by the paying financial institution three or more times.

I can terminate this authorization at any time, but Whitefish Credit Union must receive notification from me of its termination at least five business days prior to the draft date to afford Whitefish Credit Union reasonable opportunity to act on it. If Whitefish Credit Union does not receive the notice prior to this time, it will be effective as of the next draft date.

Member Signature: _____	Member Name (Print): _____
Date: _____	Phone Number: _____