



**AUTOMATIC RECURRING  
TRANSFER REQUEST**

**Member Information**

Name \_\_\_\_\_ Account Number \_\_\_\_\_

**ACCOUNT TO ACCOUNT**

This Authorization is:     NEW                       CHANGE                       CANCEL

Transfer From Account \_\_\_\_\_ Type \_\_\_\_\_

Amount \_\_\_\_\_

Transfer To Account \_\_\_\_\_ Type \_\_\_\_\_

Frequency of Transfer:     BI-WEEKLY             SEMI-MONTHLY             MONTHLY

Day of Month of Transfer \_\_\_\_\_

**ACCOUNT TO LOAN**

This Authorization is:     NEW                       CHANGE                       CANCEL

Transfer From Account \_\_\_\_\_ Type \_\_\_\_\_

Amount:     SCHEDULED PAYMENT     OTHER AMOUNT; \_\_\_\_\_

Transfer To Account \_\_\_\_\_ Type \_\_\_\_\_

Frequency of Transfer:     BI-WEEKLY             SEMI-MONTHLY             MONTHLY

Day of Month of Transfer \_\_\_\_\_

I hereby authorize allU.S. Credit Union to transfer funds, as listed above, between my accounts at allU.S. Credit Union, and if necessary, to make adjustments for any errors. allU.S. Credit Union will be responsible for the transfer of funds in accordance with this authorization. This authorization will remain in effect until allU.S. Credit Union receives written notification from me to change or cancel this authorization.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Mail to: allU.S. Credit Union  
1410 N Main St  
Salinas, CA 93906

For Office Use Only		
Received By _____	Branch _____	Date _____
Processed By _____	Branch _____	Date _____