



AUTOMATIC TRANSFER AUTHORIZATION

I/We hereby authorize **B.O.N.D. Community Federal Credit Union** to transfer
 \$ _____ from member number _____ to member number
 _____ on the _____ (5th and/or 20th) of each month
 beginning on _____ .

If the designated transfer date falls on a Saturday, Sunday, or Credit Union Holiday, the transfer will be made the first open business day after the scheduled transfer date.

If the full amount is not in the designated transfer account on or before the transfer date, I/We understand that NO funds will be transferred and no additional transfer will be attempted until the next scheduled transfer date. If the transfer attempt is unsuccessful due to insufficient funds, no notice will be sent by the Credit Union.

Member's Signature

Date

Joint Owner's Signature

Date

Credit Union Use ONLY:

Employee's Name _____ Signature: _____

Date Received: _____ Date & Time Processed: _____



Savings Accounts insured up to \$100,000 and IRA Accounts insured up to \$250,000 by the National Credit Union Share Insurance Fund (NCUSIF), administered by the National Credit Union Administration, a U.S. Government Agency.

