Priority Plus
FEDERAL CREDIT UNION

Automatic Transfer Authorization

Member/Owner:

Member No: _____

Date of Request: _____ Processed By: _____

_____ New _____ Update _____ Cancel

I authorize Priority Plus FCU to transfer funds from my account(s) with the following frequency:

Monthly _____ Bi-Weekly _____ Day/Date: _____

Total Transfer Amount : $_____ From Acct No:_____ (circle) Savings/Checking

TO:

Amount: $ _____

____Savings/Share ____Checking/Draft ____Loan Acct No. Suffix: _____

Amount: $ _____

____Savings/Share ____Checking/Draft ____Loan Acct No. Suffix: _____

Amount: $ _____

____Savings/Share ____Checking/Draft ____Loan Acct No. Suffix: _____

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, the transfer may be cancelled or available funds may be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

_____ _____

Signature Date

_____ _____

Signature Date

6 Lynam Street
Wilmington, De 19804-3135
Phone (302) 633-6480 Fax (302) 633-6481