

**Blue Chip Federal Credit Union
Automatic Transfer Authorization**

I (we) authorize and direct you to make the following transfer of funds:

Amount to be transferred \$ _____

Frequency: () Monthly () Semi-monthly () Weekly () Bi-weekly

Effective Date _____/_____/_____ Termination Date _____/_____/_____

FROM:	Member # _____	Suffix _____		
	Name(s) on Membership _____			
	Suffix Type: (Please check)			
	____ Savings	____ Checking	____ Other: _____	
TO:	Member# _____	Suffix _____	Amount _____	Share / Loan
	Member# _____	Suffix _____	Amount _____	Share / Loan
	Member# _____	Suffix _____	Amount _____	Share / Loan
	Member# _____	Suffix _____	Amount _____	Share / Loan
	Member# _____	Suffix _____	Amount _____	Share / Loan
	Member# _____	Suffix _____	Amount _____	Share / Loan
	Name(s) on Membership _____			

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If the applicable funds are not available for the above transfer request then no additional attempts will be made until the next regularly scheduled transfer.

If no termination date is specified above, this authorization will remain in effect until terminated by the member or the credit union.

Signature of Member

_____/_____/_____
Date

Accepted By: _____ (staff initials)

Date Processed: _____/_____/_____