

AUTOMATIC TRANSFER FORM

Date							
Member	's Name			Social Security#			
I authorize Miami Federal Credit Union to generate the automatic transfers indicated on this form. I understand that if I wish to cancel an automatic transfer, I must notify the credit union in writing.							
Member's Signature _X							
FROM:							
Account # Suffix							
]				
то:							
N=New D=Delete C=Change	M=Monthly B=Biweekly W=Weekly						
N, D, C	Frequency	Account #	Share/Loan	Suffix	Amount	Start Date	End Date
Credit Union Use Only							

Date Completed

Teller#

Teller Name